



BOROUGH OF CHATHAM

Medical Officer's REPORT

ON THE

Health of Chatham

During 1925.



CHATHAM :
CLEMENTS BROS., MEETING HOUSE LANE

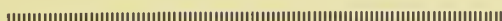


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Borough of Chatham.

To the Mayor, Alderman and Councillors.

GENTLEMEN,

I have the honour to submit to you my Report on the Sanitary Circumstances, the Sanitary Administration, and the Vital Statistics of the District for the year ending, December 31st, 1925.

The present Report is a Survey Report, and is of a more comprehensive character than the usual Ordinary Report.

The Ministry desire that Reports for 1925 should deal with—

- (a) The measure of progress made in the area during the preceding five years in the improvement of the public health.
- (b) The extent and character of the changes made during that period in the various public health services of the area—both preventive and curative.
- (c) Any further action of importance in the organisation or development of public health services contemplated by the Local Authority, or considered desirable by the Medical Officer of Health.

It is the duty of a Medical Officer of Health to keep himself well informed of all Public Health developments, to study the needs of his own area, to look at the essentials of every problem, and above all to the practical application of measures for improving health, and to advise his Council to the best of his judgment. In order to give effect to his advice he must be able to count on the support of his Council, and to properly reasoned and justifiable action, it is very rarely that such support is withheld, but even then ultimate success is dependent on the intelligent co-operation of the public.

It is by the neglect of obvious rules of clean living that the seeds of disease become diffused and propagated. You may make rules for everything, but proper conduct demands individual initiative.

The great aim of preventive medicine is the control of all forms of disease, not only for the good of the sick, but for the safety of the living.

The following figures are eloquent of the progress made during the present Century.

	1900	1925
Birth Rate	29.02	20.3
Death Rate	19.5	11.7
Infant Mortality, per 1000 births	165	63
Deaths from Infectious Diseases	69	8
Deaths from Infantile Diarrhoea	36	none

In reviewing the past five years it is important to remember that the need for economy has been paramount, and it is also well to remember that wise economy is not invariably a stoppage of expenditure, but it is a judicious expenditure which has regard to future results, even if they are not immediately apparent. In Public Health work, the results cannot be shown on a yearly balance sheet, for the effects of such work are only realised in improved health and comfort, and in the long run by diminished expenditure on the cure and treatment of conditions which are in the truest sense of the word preventable. Examples are many—money spent on vaccination, will lessen the future cost of small pox outbreaks, measures taken to restrict venereal diseases are far reaching in their effects, because venereal disease is the cause of many disabilities including some forms of insanity, which occur in after life, money spent on eliminating Tubercle from milch cows will lessen the future incidence of certain forms of tuberculosis. Child Welfare work is gradually rearing up a healthier and more disease resistant population. Many other instances occur, and a long list could be made out.

It is basic and all important if public health is to be maintained that the population should be well fed, well housed and well clothed, that they should lead temperate and regular lives, that the drainage and conservancy arrangements should be good, the water supply pure and abundant, that nuisances should be prevented or abated, that there should be adequate hospital and nursing services, careful supervision over food supplies, and a well administered and active Sanitary Staff. A directly eradivative effort which will sweep away unhealthy foci will do more to prevent disease, than the most elaborate measures for coping with outbreaks.

The enlarging scope of public health tends to concentrate on many matters, which a few years ago were not much thought of, such as the social conditions and habits of the people, of the food supply, of direct interest in the treatment of certain disease conditions, of the relationship of the person as distinct from his environment to disease, of maternal and child welfare, and of public education in hygiene, and when immersed in the consideration of these developments there is perhaps a tendency to forget that at the root of all health problems, lies environment. All living things

flourish in suitable surroundings, all living things tend to wither and to perish when the surroundings are not suitable.

There is a certain process of adaptation, and a well-fed healthy being may remain healthy in a bad dwelling, probably because most of his time is spent out of it, but the broad fact remains that all human beings are at their best when they can, in addition to good food, have sunshine and pure air. Few persons will dispute the benefits of the improved sanitation of to-day, and it is a fact that concurrently with their introduction and development, there has been a great curtailment of disease.

There have been few periods so prolific of public health legislation as the present century, but legislation alone will accomplish little, unless its principles are approved, understood, and practised by the public.

There is universal opinion in favour of education in health matters, and all kinds of methods are being utilised, such as the cinema, lectures, press articles, leaflets, and exhibitions. Doubtless many of these articles are read widely, and misunderstood widely, and as unfortunately the opinions expressed and the advice given are apt to vary, it is small wonder that a large proportion of the public pay insufficient respect and attention to these well meant efforts.

The first thing required before undertaking mass teaching is uniformity, and unless the subject matter emanates from a Central Bureau, and is adopted by all Local Authorities, this will be lacking. The cry of the health missionary is but one amongst the myriad appeals now before the public. There is in fact so much to engage the attention and occupy the time of the average person that he is apt to select that which gives him at one and the same time the most pleasure and the least trouble. The best of all health work lies in the practical application of definite principles, and quiet unostentatious activity in this direction will achieve much more than platform oratory. Personal and individual advice in the homes, at Maternity Centres, and in Schools will do much in improving public knowledge, and will lead people to realise that health is attainable by the practice of right methods. These methods are by many regarded as fads and luxuries rather than necessities. But they are as essential in preventing disease, as are a good pair of boots in preventing wet feet.

The outstanding features of the past five years include much new legislation, and this legislation is showing a wholesome tendency to consolidate and amend previous enactments. The Milk and Dairies (Consolidation) Act, 1915, brought into operation, 1925, the Housing Act, 1925, and the Public Health Act, 1925 are examples.

A Local Act, 1923, gives the Council greatly improved powers in regard to sanitary matters.

Much greater attention is being given to food supervision. Milk grading, and attempts to secure clean milk production are being advocated.

Maternity and Child Welfare services are being conducted on well proved and satisfactory lines, and evidence of their value is reflected in the improved health, and lessened mortality of young children.

The time honoured methods of isolation and disinfection are still our greatest reliance in dealing with infectious diseases, but research is going on and there is likelihood that in the future, some well-defined measures of immunisation against disease will be widely applied. At the present these methods are hardly within the scope of general application.

Housing Conditions are the least satisfactory of all health problems, but there are indications of early improvement, and increasing activity in building. These conditions are dealt with in the Report, and whether we look on the problem from the point of view of health, of amenity, or the more sordid aspect of general prosperity, it is one which demands solution. The essence of the question is the slum and the slum dweller plus the present practice of house sharing and consequent overcrowding, which results from the general shortage, but no amount of building will remove the blot of the first named, unless the type of house provided for them comes within their means. If possible it is best for private enterprise to function, but in this particular instance private enterprise cannot do this, it will not pay, and you cannot expect any builder to erect houses which will be unremunerative. Coincident with the provision of houses for the poorest class is the reform of their habits, and one great argument in favour of municipal provision for this class is that better supervision can be effected, and the tenant in a measure can be disciplined into better ways.

I have pleasure in recording my appreciation of the willing help and support of the Staff of the Public Health Department, and I desire to thank also my Colleagues in other departments for valuable help. To the officials of the Medway Institution, of St. Bartholomew's Hospital, the Inspector of the Society for the prevention of Cruelty to Children, I offer my thanks, and to Mr. Coles Finch for Reports of Rainfall and other assistance.

I am grateful to the Council for their invariable courtesy and consideration.

I am, Gentlemen,

Your obedient servant,

CHATHAM,

April 6th, 1926.

J. HOLROYDE,

F.R.C.I.E., D.P.H.

1. GENERAL STATISTICS.

Area in Acres	...	...	...	...	4443.298
Population 1925	...	...	...	...
Registrar General's Estimate for Births					42,720
" " " " Deaths					41,740
Number of inhabited houses (1921)	...				9,596
" " families or separate occupiers (1921)	...	...	...	...	9,684
Rateable Value	...	...	...	...	£177,685
Sum represented by 1d. Rate				...	£780

2. EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

			Total	M.	F.
Births	Legitimate	...	837	435	402
	Illegitimate	...	32	20	12
Birth Rate per 1,000	...	...	...		20.3
Deaths	...	...	...		489
Death Rate per 1,000	...	...	...		11.7
Deaths of Infants under 1 year per 1,000 Births	...	...	...		63

A. NATURAL AND SOCIAL CONDITIONS.

Area in Acres 4,443.298

The population at the 1921 census was 42,665.

At the present time it is very difficult to give a satisfactory estimate of population. For the purpose of calculating the Birth and Death Rates the Registrar General supplies the following figures of the Civilian population.

For the Birth Rate	...	...	...	42,720
" " Death Rate	...	...	...	41,740

My estimate based on a knowledge of actual conditions, and taking cognizance of the very common practice of house sharing by separate families is that 46,000 is a more accurate return.

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE AREA

Chatham lies on the southern bank of the River Medway. To the north it joins the City of Rochester, and to the east it is joined to the Borough of Gillingham. It extends fan-wise from the river to the southeast and southwest. The older part of the town lies chiefly in a valley running towards the south-east, and bounded on the east by the sharp declivity of the open ground known as the Lines. There are also old houses in depressions to the south west.

The general configuration is hilly, dwellings originally followed the course of intersecting valleys between the spurs of the North Downs, but are now spread over the higher ground. Many of the streets in the Borough are narrow and steep, but of late years considerable improvements have taken place.

Owing to War Office occupation there are considerable open spaces in the vicinity of the town.

The geological formation is Chalk, with a varying depth of overlying loam, and a bed of clay or brick earth in the Luton Valley

SOCIAL CONDITIONS.

Chatham is a Large Naval and Military Centre, and the chief industry is situated in H. M. Dockyard, where over 10,000 men are employed. There is a large clothing factory in the town, which also employs several women as outworkers.

Besides these there is a trading class who supply the general wants of the community, a few brickmakers and various handicrafts connected with the building industry, trades and businesses necessitated by the ordinary wants of the population, soldiers and sailors, a fair sprinkling of retired naval, military and civil servants, and a considerable section of casual and unskilled labour, some of which is occupied in connection with the work of main drainage, now proceeding.

The population, and general character of the district is therefore mainly industrial.

There is no form of occupation which has particular or special influence on the public health, but there are many people with limited means of sustenance, and living under conditions which are prejudicial to health, and the large number of beds in common lodging houses tends to attract many of the "down and out" type, who readily succumb to disease.

Causes of Death in Chatham M.B. 1925 (Civilians Only)		Males.	Females.
	All causes	258	231
1.	Enteric Fever		
2.	Small Pox		
3.	Measles	1	
4.	Scarlet Fever	1	
5.	Whooping Cough		4
6.	Diphtheria		2
7.	Influenza	5	7
8.	Encephalitis Lethargica	1	
9.	Meningococcal Meningitis		
10.	Tuberculosis of Respiratory System	23	18
11.	Other Tuberculous Diseases	7	3
12.	Cancer, Malignant Disease	21	28
13.	Rheumatic Fever		3
14.	Diabetes	2	3
15.	Cerebral Hæmorrhage, &c.	9	10
16.	Heart Disease	31	40
17.	Arterio-Sclerosis	14	8
18.	Bronchitis	15	14
19.	Pneumonia (all forms)	9	9
20.	Other Respiratory Diseases	1	5
21.	Ulcer of Stomach or Duodenum ...	3	1
22.	Diarrhoea, &c. (under 2 years)		
23.	Appendicitis & Typhlitis		1
24.	Cirrhosis of Liver	7	
25.	Acute & Chronic Nephritis	7	4
26.	Puerperal Sepsis		1
27.	Other Accidents and Diseases of ... Pregnancy and Parturition...		
28.	Congenital Debility & Malformation, Premature Birth.....	20	7
29.	Suicide	3	2
30.	Other Deaths from Violence	11	9
31.	Other Defined Diseases	67	51
32.	Causes Ill-defined or Unknown		1
	Special Causes (included above)		
	Poliomyelitis		
	Polio encephalitis		
	Deaths of infants under 1 year of age		
	Total	32	23
	Illegitimate	1	2
	Total Births	455	414
	Legitimate	435	402
	Illegitimate	20	12
	Population } For Birth Rate,	42,720	
	} For Death Rate	41,740.	

VITAL STATISTICS.**Births.**

The number of Births registered as belonging to Chatham was 869. Of these, 820 were born in the Borough and 49 outside.

Males ...	455	Females ...	414
Legitimate Births ...	837		
Illegitimate Births ...	32		
Birth Rate per 1000	20.3		

The number of Still Births was 42.

During the period 1900 to 1909 (ten years) the average Birth Rate was 26.5 per 1000.

From 1910 to 1914 (five years) it was 25.5 per 1000

„ 1915 to 1919 „ „ 23.5 „

„ 1920 to 1924 „ „ 22.8 „

The following Table shows the natural increase of population, that is the increase of Births over Deaths in each division of the Borough during 1925.

		Births	No. of Births Deaths over Deaths	
St. Mary's Ward ...	189	99	90	
Christ Church Ward ...	115	69	46	
Luton Ward ...	164	41	123	
St. Paul's Ward ...	101	69	32	
St. Michael's Ward ...	124	41	83	
St. John's Ward ...	127	63	64	
	820	382	438	
Deaths in Institutions ...	...	105	105	
		487	333	

Net increase of Births over Deaths 333.

Deaths.

The number of Deaths returned by the Registrar General is 489.

From the Registrar of Births and Deaths, 450 Certificates were received, and 37 deaths were notified as occurring in other localities—making a total of 487.

The discrepancy is only 2.

The Rate of Mortality is 11.7.

Birth and Death rates are calculated on separate estimates of population supplied by the Registrar General.

The “Birth Rate” population includes all elements of the population contributing to the Birth and Marriage rates.

The “Death Rate” population excludes all non-civilian males, whether serving at home or abroad. As this non-civilian population is distributed all over the country in proportion to estimated civilian population, it may give an erroneous estimate

for a place like Chatham—where the proportion of non-civilian elements is a large one.

For 1925, the two populations are

For Birth Rate	...	...	42,720
For Death Rate	...	...	41,740

In 1924, the figures were 43,940 and 42,040.

So that the population seems to have decreased.

This is not so. There is considerable overcrowding, many houses have two or more families, and one indication of error is shown by the Birth Rate for Chatham, which is 20.3 per 1,000 as compared with 18.3 for England and Wales. Great Towns 18.8. Smaller Towns 18.3.

Ages.

The number of Deaths at different ages was as follows :

Under 1 year	...	...	...	55
1 and under 5 years	...	...	...	16
5 " 15 "	...	...	...	17
15 " 25 "	...	...	...	23
25 " 45 "	...	...	...	65
45 " 65 "	...	...	...	126
65 and upward	...	...	...	185

Table showing Deaths month by month in each Division of the Borough during 1925.

Month	St. Mary's Ward	Christ Church Ward	Luton Ward	St. Paul's Ward	St. Michael's Ward	St. John's Ward	Medway Institution	Totals
January	14	11	5	3	4	11	11	59
February	7	1	5	4	5	4	4	30
March	7	6	—	5	1	4	12	35
April	6	9	3	10	4	5	11	48
May	5	1	2	3	3	6	7	27
June	9	4	3	8	—	4	9	37
July	4	1	2	3	4	6	7	27
August	4	4	—	5	1	2	4	20
September	5	6	4	8	4	5	7	39
October	11	7	4	5	2	4	9	42
November	6	4	1	5	5	2	8	31
December	9	10	7	5	5	3	16	55
Totals	87	64	36	64	38	56	105	450
Add Transfers	12	5	5	5	3	7		37
Total	99	69	41	69	41	63	105	487

The deaths occurring in the Medway Institution are apportioned as follows :—

St. Mary's Ward	...	42
Christ Church Ward		7
Luton Ward	...	16
St. Paul's Ward	...	15
St. Michael's Ward	...	12
St. John's Ward	...	13

Thus the total deaths credited to each ward are :

St. Mary's Ward	...	141	or 29 per cent of total
Christ Church Ward	76	15.6	„ „
Luton Ward	...	57	11.7 „ „
St. Paul's Ward	...	84	17.3 „ „
St. Michael's Ward	53	10.9	„ „
St. John's Ward	76	15.6	„ „

Calculating the death rates in each ward or the approximate population we find

St. Mary's Ward	...	...	15.9 per 1,000
Christ Church Ward		.	11.1 „
Luton Ward	...	...	7.7 „
St. Paul's Ward	...	..	14.0 „
St. Michael's Ward	...	...	7.9 „
St. John's Ward	...	...	12.4 „

These figures are very much what anyone with a knowledge of local conditions would expect to find. In a small portion of St. John's ward and in a large portion of St. Mary's ward are to be found the worst housing conditions in the district, the poorest section of the population, and I may add the most shiftless and incompetent.

In 33 cases there was a Coroner's Inquest.

There were 14 uncertified deaths.

Table showing Deaths from certain groups of Diseases, 1916 to 1925.

Year	Infectious Diseases	Tuberculosis	Respiratory including Influenza	Cancer	Diarrhoea	Heart & Circulation	Total Deaths all causes
1916	27	52	90	53	14	75	572
1917	19	57	95	42	19	52	567
1918	23	75	319	46	10	69	765
1919	14	77	117	57	11	67	572
1920	31	68	85	60	9	51	514
1921	34	71	67	45	18	72	541
1922	13	56	109	33	4	90	515
1923	3	50	53	45	5	64	448
1924	22	50	104	65	8	85	560
1925	8	51	65	49	0	93	489

Percentages of Total Deaths (Proportionate Mortality)

Year	Infectious Diseases	Tuberculosis	Respiratory including Influenza	Cancer	Diarrhœa	Heart & Circulation	
1916	4.7	9.1	15.7	9.2	2.4	13.	100
1917	3.3	10.	16.9	7.4	3.3	9.1	100
1918	3.	9.9	41.7	6.	1.3	9.1	100
1919	2.4	13.5	20.4	10.	1.9	11.7	100
1920	6.	13.2	16.5	11.6	1.7	9.9	100
1921	6.2	13.1	12.3	8.3	3.3	13.3	100
1922	2.5	10.8	21.1	6.4	0.8	17.4	100
1923	0.7	11.1	11.8	10.	1.1	14.	100
1924	4.	9.	18.6	11.6	1.4	15.1	100
1925	1.6	10.4	13.3	10.	—	19.	100

Averages

1916-20	3.9	11.9	22.2	8.8	2.1	10.6	
1921-25	3.	10.9	15.4	8.8	1.3	15.7	

The above Table includes the main causes of death, and by taking the average of two five year periods, we find that there is a decline in all groups except Cancer—a like proportion, and Diseases of the Heart and Blood Vessels a marked increase.

The mortality from infectious diseases is subject to much variation, but shows a satisfactory decrease, Tuberculosis is less. Respiratory diseases have diminished, but are largely modified by climatic conditions, whilst Diarrhœa—once the commonest cause of deaths in infants has almost disappeared.

INFANTILE MORTALITY, 1925.

Total Deaths under 1 year ... 55

Rate per 1,000 Births ... 63

Causes of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year
Measles	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	—	—	—	—	—	1	—	—	—	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Erysipelas.....	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	—	—	1	1	2
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	1	1
Other Tubercular Disease	—	—	—	—	—	—	—	—	—	—
Meningitis (Non Tubercular)	—	—	—	—	—	—	—	—	—	—
Convulsions	—	—	—	—	—	2	2	1	—	5
Bronchitis.....	—	—	1	—	1	1	3	1	—	6
Pneumonia	—	—	—	—	—	2	1	2	—	5
Diarrhœa	—	—	—	—	—	—	—	—	—	—
Enteritis	—	—	—	—	—	1	—	—	—	1
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	1	—	1	—	2	—	—	—	—	2
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	—	—	—	—	—	1	—	—	—	1
Injury at Birth	—	—	—	—	—	—	—	—	—	—
Atelectasis	2	—	—	—	2	—	—	—	—	2
Congenital Malformation	1	1	—	2	4	—	—	1	—	5
Premature Birth	9	3	1	1	14	5	—	—	—	19
Atrophy, Debility	1	—	—	—	1	—	—	—	—	1
Marasmus	—	—	—	—	—	—	—	—	—	—
Other Causes	—	—	—	—	—	—	—	1	2	3
Totals	14	4	3	3	24	13	6	7	5	55

Table showing Birth Rates, Death Rates, and Infantile Mortality since 1904.

Year	Birth Rate per 1,000	Death Rate per 1,000	Infant Mortality per 1,000 Births
1904	29.9	16.	178
1905	27.7	14.1	126
1906	26.7	13.4	137
1907	26.1	13.7	124
1908	24.2	12.9	127
1909	24.9	11.8	107
1910	23.2	11.2	92
1911	26.3	15.8	127
1912	24.8	13.1	115
1913	26.	13.2	103
1914	25.	13.8	97
1915	21.	16.4	122
1916	24.9	15.	83
1917	22.5	15.5	100
1918	20.04	20.3	86
1919	21.8	14.8	95
1920	27.8	12.8	70
1921	23.4	12.8	86
1922	22.2	12.1	68
1923	21.1	10.7	60
1924	19.8	13.3	83
1925	20.3	11.7	63

The average rates of mortality amongst infants under 1 year from 1900 are

1901-5	...	...	150
1906-10	...	...	117
1911-15	...	...	115
1916-20	...	...	87
1921-25	...	...	72

Of the total deaths under 1 year of age

24 or 44 per cent were under 4 weeks.			
13 or 24	„	„	between 1 and 3 months
6 or 11	„	„	3 „ 6 „
12 or 21	„	„	6 „ 12 „

SOME COMMON CAUSES OF DEATH.

Respiratory Affections including Influenza, but not Tuberculosis.

From this group there were 65 deaths. The mortality from this group varies from year to year, and is dependent on the prevalence of Influenza, and on Climatic conditions. Many of these deaths are amongst aged people of low vitality, who readily succumb to attacks of Pneumonia or Bronchitis.

Diseases of the Heart and Circulation.

There were 93 deaths from these diseases, and in many instances they may be called the legacies of past indiscretions, and of overstrain. The early recognition of a damaged heart or blood vessels, and a regulated mode of life in conformity with the heart's capacity will avoid much future suffering.

Cancer and Malignant Disease.

The deaths from this group are mainly amongst people over 40 years of age.

There is evidence of increased mortality, during recent years, but the cause is not yet discovered. Chronic irritation of skin and mucous membranes predisposes to certain forms of Cancer, but the one salient fact is that if Cancer is discovered at an early stage, and removed, there is an excellent prospect of complete cure. Unfortunately, advice is seldom sought until too late.

The following Table is inserted for the purpose of comparison.

Birth-rate, Death-rate, and Analysis of Mortality during the year 1925.

	Birth-Rate per 1000 Total Population	Annual Death-rate per 1,000 Population								Rate per 1,000 births		Percentage of Total Deaths			
		All Causes	Enteric Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under Two years)	Total Deaths under 1 year	Causes of Death certified by Registered Medical Practitioners	Inquest Cases	Uncertified Causes of Death
England and Wales	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and Great Towns including London.	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 adjusted populations 20,000 to 50,000).	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London.	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0
Chatham	20.3	11.7	0.00	0.00	0.02	0.02	0.08	0.04	0.28	0.47	0.00	63	90.6	6.8	2.8

POOR LAW RELIEF.

The area for Poor Law Relief comprises the Boroughs of Chatham and Gillingham, together with the major portion of the City of Rochester.

The Amount of Poor Law Relief granted in Chatham, during 1925, was £4453.

The cost of gratuitous Medical Relief given during the same period by district Medical Officers was £114.

There are no non-pauper cases admitted to Hospital at the present time.

The proposed additional Hospital accommodation will provide for 86 patients.

General	...	...	66 beds
Tuberculous	...	12	„
For Isolation	...	8	„

B. GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidized by the Local Authority or County Council.

(1) TUBERCULOSIS.

There is no special Hospital or Sanatorium in the District.

The Medway Infirmary (Poor Law) has two special wards, well equipped, spacious, well lighted and airy, and provided with sun balconies.

There is accommodation for 36 patients. They are not utilised to their fullest capacity, and are chiefly occupied by a limited number of advanced cases.

Cases of Surgical Tuberculosis are treated in the wards of the General Hospital.

(2) MATERNITY.

The Council has made arrangements with the Royal Naval Maternity home at Gillingham, for the reception of civilian patients from Chatham, at a reduced fee. The Home contains 24 beds, and is admirably equipped and managed.

Its advantages are not sufficiently appreciated by the public.

There are also 8 maternity beds at the Medway Infirmary.

(3) CHILDREN.

There is a children's ward at St. Bartholomew's Hospital.

(4) FEVER.

St. William's Hospital, situated in Rochester contains 80 beds. It is now used jointly by Rochester, Chatham and Gillingham, the latter Borough having recently made arrangements with the Joint Board, for the reception of patients from there. Some enlargement will probably be required.

(5) SMALL POX.

A separate building under the Control of the Joint Board is provided. There is accommodation for 24 patients.

(6) OTHER.

The Poor Law Infirmary contains 400 beds.

A scheme for its enlargement is to be carried out.

The beds are apportioned as follows :—

336	General
36	Tuberculosis
20	Children
8	Maternity

ST. BARTHOLOMEWS' HOSPITAL.

This institution ministers to a large area, containing a population of over 200,000.

Its present accommodation is 125 beds. It has Special Departments for diseases of the Eyes, Nose, Throat and Ear, Orthopædic Affections, and for X Ray, Massage and Electrical treatment.

Owing to the increasing demands on the resources of the Hospital, it has been decided to enlarge it by 50 more beds, and to reconstruct the Out Patient Department, together with accommodation for a larger nursing and domestic staff.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

1. The Salvation Army Rescue Home with 16 Beds.
2. Diocesan Home with 8 Beds.
3. Medway Institution.

The two former have usually a small number of unmarried mothers and infants in residence.

AMBULANCE FACILITIES.**(a) For Infectious Cases.**

A Motor Ambulance is provided by the Local Authority.

(b) For Non-Infectious and Accident Cases.

Two are in use—one is maintained by the Fire Brigade, and is kept at the Chief Fire Station, and one is provided by the Local Branch of the St. John's Ambulance Association.

There are also hand ambulances at the Police Station, the Fire Station, and at two Sub-Stations.

CLINICS AND TREATMENT CENTRES.

(1) MATERNITY AND CHILD WELFARE CENTRE.

Public Library, Chatham.

This Centre is well and conveniently situated, but owing to the growing requirements of the Library—new premises will have to be acquired.

The accommodation consists of three rooms, weighing, waiting and consulting.

It is provided by the Local Authority, and staffed entirely by paid officials.

The Centre is for consultation and advice. Infants requiring treatment are referred to General Practitioners, or to the Hospital.

(2) SCHOOL CLINICS.

These are held at the Town Hall, and at Luton Council School.

(a) For Minor ailments.

(b) For Dental Treatment.

There are two rooms and a waiting hall, provided by the Local Authority.

(c) Arrangements are made with the Local Hospital for the operative treatment of Throat and Nose Cases, for Chronic Diseases of the Ear, for Refraction and certain Eye defects, and for the X Ray treatment of Ringworm of the Scalp.

(3) TUBERCULOSIS DISPENSARY, 13 New Road, Rochester.

(4) VENEREAL DISEASES TREATMENT CENTRE, at St. Bartholomews' Hospital.

The two latter are provided and administered by the County Council.

PUBLIC HEALTH OFFICER OF THE LOCAL AUTHORITY.

The Staff consists of

*A Medical Officer of Health who is also School Medical Officer.

*1 Senior Sanitary Inspector.

*2 Assistant Sanitary Inspectors

2 Clerks—one is a qualified Sanitary Inspector, and acts as additional Inspector.

The Senior Sanitary Inspector and one assistant are also Certified Meat Inspectors.

*3 Health Visitors, each has the Certificate Central Midwives Board, 2 have Health Visitors Certificates, and one has Nursing training.

1 Veterinary Inspector—part time.

*Exchequer grants towards salaries.

There is also a Rat Catcher, and a Staff of workmen to assist the Inspectors.

PROFESSIONAL NURSING IN THE HOME.

(a) General.

This is provided by the District Nursing Association. There are at present 3 nurses, who are in great demand.

The Association is supported by Voluntary Contributions, supplemented by contributions from patients, and it also receives an Annual Grant of £50 from the Council, which has a representative on the managing Committee. In the event of emergency the Council would have some claim on the services of the Nurses.

There is no actual agreement respecting the provision of nursing services for the Council, but there are occasions when it may be desirable to supplement the work of Health Visitors in this direction, and for this purpose there should be some definite understanding.

There are no Voluntary Workers employed in Nursing.

(b) For Infectious Diseases, e.g. Measles, etc.

The Health Visitors of the Local Authority, visit cases of Measles, Whooping Cough, Epidemic Diarrhoea and Ophthalmia Neonatorum, make inquiries, and give assistance where it appears to be required.

MIDWIVES.

No midwives are employed or subsidised by the Local Authority. The administration of the Midwives' Act, is in the hands of the Kent County Council.

There are 10 resident in Chatham, but Midwives resident in Rochester and Gillingham also practice here.

CHEMICAL WORK.

Samples are taken by the Superintendent of Police, and forwarded by him to the County Analyst. The Borough Council have no arrangements for Chemical Work.

LEGISLATION IN FORCE.

Adoptive Acts.

1. Infectious Diseases Prevention Act, 1890.
2. Public Health Amendment Act, 1890. Parts 1, 2, 3, 5.
3. Private Street Works Act, 1892.
4. Public Health Amendment Act, 1907.
Part II and Sections 34, 35, 36, 37, 38, 43, 45, 46, 47, 48, 49, 50, 51 of Part III.
Parts IV, V, VI.
Parts VIII and IX. Sections 78, 79, 80, 81, 83, 84, 85, 86.
Part X, Sections 92, 93, 95.
5. Public Health Act, 1925.
Sections 17, 18, 19, 26, 28, 30, 31, 35, 38, 43, 49, 51, 52, 53, 54, 55.

CHATHAM CORPORATION ACT, 1923.

This Act contains sections on the lines of several in the Public Health Act of 1925, which have not been adopted.

The Sanitary Provisions of the Act were set out in detail in my Report for 1923.

BYE LAWS AND REGULATIONS.

Dairies, Cow Sheds and Milkshops (Amended 1924), Common Lodging Houses.

Tents, Vans, Sheds and similar structures. Removal of Fish through streets. Drainage of existing buildings. Cleansing of Footways. Slaughter Houses (Amended 1924). New Streets and Buildings. Nuisances. Regulation of Offensive Trades. Houses let in lodgings, or occupied by members of more than one family.

For the Prevention of Nuisances arising from filth and rubbish. New Streets. Hours for Slaughtering in Slaughter-houses.

Removal of House Refuse. Sanitary Conveniences. Knackers' Yards.

The various provisions of these Acts, Orders and Bye-Laws are utilised as occasion requires.

The Local Authority has no direct co-operation with National Health Insurance Services.

The Council has a representative on the Governing Body of the Voluntary Hospital. Your Medical Officer has also a seat on that body.

C. SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The water supply is obtained from deep borings in the chalk formation, supplemented by a small quantity of water from the lower greensand. Recently this latter source has been discontinued, owing to difficulties with the very fine sand, which tends to block the pipes.

The watershed is an area of the North Downs, of an extensive character, and the chief borings and headings are in the Luton Valley. The rolling contour of the land with its winding valleys, sloping towards the river form an ideal gathering ground.

A few years ago—a boring was made in the Snodhurst Valley, and another is now in progress of construction at Nashenden (Rochester). When this is completed there will be four pumping stations at Luton, Capstone, Snodhurst and Nashenden. At present there are three storage reservoirs—two on the Painham Road, and one at Bridgewood Gate on the Maidstone Road. Their joint capacity is over 9,000,000 gallons.

Another reservoir is to be provided to coincide with the development of the Nashenden boring.

The Company is to be congratulated on its foresight in regard to this extension. The habitable area supplied with water is increasing, water closets with flushing cisterns are getting more numerous, and baths are being provided in all new dwellings. These, together with the more extensive use of water for street and other forms of cleansing and washing call for a larger supply, and when the water carriage system of sewerage is in general operation, the quantity required will be much larger than at present.

The daily consumption per head is now about 16 gallons.

It will probably be 25 to 30 gallons in the future.

The supply is abundant, constant, and delivered at high pressure. Coming as it does from underground streams and springs at a considerable depth from the surface it is cool and refreshing, and it does not come into the daylight until the consumer draws it from the tap.

Its defect from a Commercial point of view is its hardness, nearly all of which is temporary and removed by boiling.

The following recent analyses, chemical and bacteriological have been supplied by the courtesy of the Secretary, and show that the water is not only suitable for domestic purposes, but that its quality for drinking is satisfactory.

20th October, 1925.

CHATHAM WATER, CHEMICAL ANALYSIS.

I append herewith the results of the Chemical Analysis of the samples of water collected from the house tap attached to your office and received from you on the 8th inst.

				Grains per gallon
Total Solids	...	...	...	28.8
Chloride	...	...	...	1.5 (= 2.5 Sodium Chloride)
Free ammonia	...	...	...	.0007
Albuminoid Ammonia	...	...	...	.00042
Nitrite	...	...	...	.54
Nitrate	...	...	...	nil
Oxygen Consumed	...	...	...	.002
Temporary Hardness	...	...	...	16.2
Permanent Hardness	...	...	...	2.5
Total Hardness	...	...	...	18.7

The water was clear, colourless and odourless and being free from organic matter is suitable for all domestic purpose.

20th November, 1925.

WATER SUPPLY.

I append herewith the result of the Bacteriological examination of the four samples of water taken by my assistant on the 6th inst., as follows :—

- Sample 1. Luton Pumping Station, 1.33 p.m.
 Sample 2. Snodhurst Pumping Station, 1.7 p.m.
 Sample 3. 301, Canterbury Street, 1.50 p.m.
 Sample 4. Star Hill, Rochester, 2.20 p.m.

	Sample 1	Sample 2	Sample 3	Sample 4
Organisms per c.c. at 20° C.	10	12	6	20
„ „ „ R.L.	1	1	less than 1	2
„ „ 37.5° C.	2	2	less than 1	4
Coli Organisms	absent 30 c.c.	absent 30 c.c.	absent 30 c.c.	absent 30 c.c.

From these results, I am of the opinion that these waters are in their normal state of purity and are suitable for public supply.

RIVERS AND STREAMS.

The River Medway receives a large quantity of crude sewage—chiefly from Government establishments, and from vessels moored in the river. Surface water drainage enters the river. The only possible remedy is main drainage—now being carried out.

DRAINAGE AND SEWERAGE.

All house drainage, and a large amount of surface water is received into cesspools, which are emptied by the Council as quickly as possible, after the receipt of notice. This work is carried on by day and by night. For the day work, powerful vacuum pumps are used, which rapidly empty the cesspools. As stated by me on many occasions the system is undesirable from every point of view. Details of the work and its difficulties will be found in the Sanitary Inspector's Statement.

The main drainage question has after many years been definitely settled, and the work is now in progress. The scheme is a joint one between Chatham and Rochester, and a Joint Sewerage Board with representatives from each Authority is responsible for the control of the work. Each Authority is separately carrying out its internal sewerage works.

The peculiar configuration of the ground makes the drainage of the area one of exceptional difficulty—the problem being to collect the combined drainage into a main sewer with one outfall at Motley Hill, near Rainham. This sewer will tunnel from the foot of Chatham Hill under Watling Street—the distance to the outfall works being $3\frac{1}{2}$ miles.

A considerable proportion of sewerage—from over 50% of the population will be drained by gravity—the rest from the low lying portions will have to be syphoned and pumped to the main outfall sewer. There will be 3 pumping stations—one at Strood, one in Rochester, and one in Chatham.

The Oyster Fishery Rights, of which there were a large number in the Medway, have been purchased. This action may have a far reaching effect with respect to the method of disposal, which has not been finally decided. The ultimate decision will rest largely on the question of dilution, and it is probable that full bacterial treatment will not be needed.

Assuming that ultimately the population in the drainage area reaches 120,000 with a water supply of 25 gallons per head daily—about 3,000,000 gallons of sewage would be discharged daily.

CLOSET ACCOMMODATION.

Closet Accommodation to 31st December, 1925.

Closets with flush	...	...	5,751
Closets without flush	...	...	2,519
Open Privies	...	...	1,337
Pail Closets	...	...	55
			<hr/>
			9,662
			<hr/>

SCAVENGING.

The scavenging of a District includes street cleansing, and the storage, removal and disposal of house refuse, of refuse from traders premises, from manufactories, stables and cowsheds. House refuse consists of ashes, animal and vegetable refuse, tins, etc., but not slop water or excrement. In this Borough the work, with the exception of removal of fish offal, for which special arrangements are made by the Sanitary Department is carried out by the Surveyor's Department.

The number of tons removed annually is over 13,000.

The accumulation of refuse in the vicinity of dwellings, and especially in towns is fraught with danger to the public health, and is also productive of nuisance, besides forming breeding grounds for various insects, and attracting rats.

It is therefore of the utmost importance that there should be suitable storage, frequent removal, and satisfactory disposal.

Taking the first item—that of **Storage** there is only one satisfactory type of receptacle, and that is a strong galvanised iron bin with a cover, of a size to contain not more than a week's accumulation.

Section 108 of the Corporation Act, 1923, gives the Council power to require the occupier of premises to provide and maintain portable galvanised iron bins with covers.

The question of enforcing the provision has recently been under consideration, and the Borough Surveyor has been directed to serve the necessary notices. For several years the owners of all new houses have been required to provide these bins.

Under the Public Health Act, 1875—the owner is responsible, and in the case of dwellings having a common yard, the duty should be imposed on the owner.

There are between 9,000 and 10,000 houses in the Borough, and of these about 1,000—or 10% are provided with suitable receptacles.

The types in general use have one character in common, and that is unsuitability. They are also unsightly, productive of nuisance, attract flies and rats, and are difficult for the men to handle.

Removal. In the Central and busier parts of the town, a daily collection is made, and in the rest of the Borough there is a bi-weekly collection.

Disposal. The refuse is carted to a tip at Street End, Luton, the chief condition attached to the use of this tip is the stripping of the top soil of the land to a depth of at least 12 inches, the soil to be used as a finishing top layer, so that the last 12 inches will consist of good earth or soil free from rubbish.

A definite policy as to ashbins should be adopted and carried out. Two reasons have acted in the past for allowing the continu-

ance of any kind of receptacle which the occupier chose to provide, one the difference of opinion respecting responsibility, the other the avoidance of expense.

There need no longer be any difficulty about the former, but as regards expense there are and will be difficulties, especially with the poorer class of tenant. But the public interest comes first, and the toleration of unsuitable and insanitary receptacles in connection with an otherwise well planned system of scavenging should cease. The conversion can only be gradual, and I am convinced that the Council will have the backing of public opinion. In this town where every part has at least a bi-weekly collection a small bin is all that is necessary. The increased use of gas fires has greatly reduced the amount of ashes, and a large percentage of the refuse to be removed is of an organic character, which is an additional reason for the covered impervious bin.

In some towns, Corporations have stocked and sold bins at cost price, or at a very small profit to cover working expenses.

A recent census of Courts and Alleys containing a total of 136 houses, brought to light only three sanitary bins.

CLEANSING OF PRIVIES, CESSPOOLS, Etc.

Details of this work are set out in the Senior Sanitary Inspectors Statement on page 28.

FISH OFFAL.

This is collected daily by the Sanitary Department. Duplicate receptacles are in use, and a specially constructed enclosed van carts them away to a local farmer.

MANURE REMOVAL.

Under Sections 49 and 50 of the Public Health Act of 1875, powers exist to compel the removal of Manure at fixed intervals. Notices are issued at the beginning of Summer and an Inspector is detailed to see that the notices are observed.

Owing to increased Motor traffic, manure accumulations have greatly decreased. These heaps are not only a nuisance, but they are the favourite breeding ground of flies who carry filth and infection into houses and on to food.

RATS AND MICE (DESTRUCTION) ACT, 1919.
REPORT FOR YEAR ENDING, DECEMBER 31st.
1925

Number of Rats caught in Houses ... ..	...	185
Number of Rats caught in Shops, Stores, etc.	2742	
Number of Rats caught at Dust Shoot, Luton	3230	
Number of Rats caught at Pickle, Luton ...	485	
Number of Rats caught at Sewage Shoot ...	69	
		<hr/> 6711
Number of Baits laid in Houses	2000	2½ pts. Dalroc
Number of Baits laid in Shops, Stores, etc.	2650	3 pts. Dalroc
Number of Baits laid at Dust Shoot	240	2½ pts. Dalroc
Number of Baits laid at Pickle	110	
Number of Baits laid at Sewage Shoot	—	—
	<hr/> 5000	<hr/> 8 pts. Dalroc
Number of Varnish Boards laid	...	632
Number of Visits paid by Rat Catcher	...	577
Number of new applications received	...	103

SANITARY INSPECTION OF THE AREA.

SENIOR SANITARY INSPECTOR'S REPORT, 1925

Dear Sir,

I herewith append my Report of the work carried out in the Public Health Department for the year ending the 31st December, 1925.

DRAINAGE IN CONNECTION WITH NEW BUILDINGS.

The drains were tested during the year of the following 76 dwelling houses, 8 new additions to existing buildings and one garage.

All new drains are tested with water. After being tested and found sound the drains are benched up with concrete, this prevents any lateral movement of the drains when the trench is filled in.

Plans No. 3935	(4)	Albany Road
„ 4059	(4)	Ambrose Hill
„ 4038	(2)	Beacon Road
„ 4024	(2)	Bournville Avenue
„ 4025	(4)	Bournville Avenue
„ 4086	(1)	Chestnut Avenue
„ 4085	(4)	Clarence Avenue
„ 4041	(1)	Clover Street
„ 3986	(2)	Dagmar Road
„ 4064	(4)	Elm Avenue
„ 4069	(3)	Gladstone Road
„ 3970	(1)	High Street
„ 3843	(4)	Hillcrest Road
„ 4005	(1)	Hillcrest Road
„ 4047	(2)	Hook Road
„ 4095	(2)	Hook Road
„ 4072	(6)	Horsted Avenue
„ 4007	(1)	King George's Road
„ 4027	(1)	King George's Road
„ 4030	(1)	King George's Road
„ 4031	(1)	Letchworth Avenue
„ 3971	(1)	Letchworth Avenue
„ 4011	(1)	Lordswood Lane
„ 4020	(1)	Maidstone Road
„ 4036	(1)	Maidstone Road
„ 4070	(1)	Maidstone Road
„ 4045	(1)	Maidstone Road
„ 4084	(2)	Maidstone Road
„ 4083	(4)	Maidstone Road
„ 4019	(1)	Robin Hood Lane
„ 4023	(1)	Robin Hood Lane
„ 4073	(4)	Star Mill Lane
„ 4004	(1)	Victoria Road
„ 4028	(1)	Wyles Road
„ 4055	(1)	Wyles Road
„ 4039	(2)	Victoria Road

New Additions to Existing Buildings.

Plans No. 3927	14 New Road
„ 4018	15 Claremont Place
„ 3830	394 High Street
„ 4040	Maypole Dairy, High Street
„ 4042	24 Chatham Hill
„ 4091	97 High Street
„ 3832	Empire, High Street
„ 4080	Maidstone Road
„ 4042	Maidstone Road (Garage)

CESSPOOL WORK.

Again this year the applications for emptying cesspools has increased over the preceding year. 6,506 applications were received necessitating the removal of 14,973 loads of liquid sewage and 2,729 loads of night soil making a total of 17,702 loads.

Cesspool applications each month during the year.

January	600	July	548
February	645	August	554
March	534	September	380
April	584	October	531
May	667	November	417
June	442	December	606

To show how this work increases year after year I have appended the number of loads of sewage removed each year for the past five years.

Day Pumping Loads	Night Soil	Total Loads Removed
1921 7,092	2,738	11,810
1922 11,143	2,747	13,890
1923 13,443	2,758	16,201
1924 13,968	2,769	16,737
1925 14,973	2,729	17,702

The cesspool work is one of the most difficult problems to deal with in the Public Health Department, especially so during and after heavy rains. All the roof water from the backs of houses, yard and surface water enters the cesspools, thence to be pumped out and carted away. The plant employed at present at this work is four steam Tractors removing away 40 loads a day, six teams of horses removing 30 loads a day, and nine loads of night soil six nights a week. The men employed—one Foreman, one leading hand for night work and 41 men.

I have endeavoured to organise the plant to do the work

efficiently and with economy, for without one it is impossible to obtain the other. Notwithstanding that the work of main drainage is now in progress, it will be necessary to provide more plant to deal with the ever increasing work.

SLAUGHTERHOUSES.

There are 13 Slaughterhouses in the Borough to which 2,185 visits were made during the year.

The Public Health (Meat) Regulations came into operation on the 1st April 1925. The Regulations enact that no slaughtering may take place without notice, and not less than three hours notice must be given to slaughter at a particular time and place, with the exception that notice need not be given in regard to slaughtering done at fixed times, formal notice of which has been given to the Local Authority.

It has entailed much work as at one of the Slaughterhouses in the Borough, slaughtering takes place from time to time for the London Market. Killing is often going on at a late hour at night and Sunday is not an exception, when one of your Inspectors is present to examine the carcasses and organs after slaughter.

UN SOUND FOOD SURRENDERED.

Carcases of Beef—Tubercular	...	...	...	14
Forequarters of Beef	„	...	...	2
Bullocks Livers	„	...	...	10
Bullocks Heads	...	„	...	4
Pigs Heads	...	„	...	12
Bullocks Lungs	...	„	...	38
Pigs Lungs	...	„	...	6
Pigs Livers	...	„	...	6
Sheeps Lungs—Strongylus Rufescens (extensive)	...	...	...	22
Sheep Lungs—Pseudo Tuberculosis	...	...	...	8
Sheeps Lungs—Echinococcus Veterinarius	...	...	...	5
Carcase of Beef—Septic Metritis	...	...	...	1
Hindquarters of Beef—Bone Taint	...	...	...	8
Carcases of Mutton—Emaciated	...	...	...	21
Carcase of Pig—Decomposition	...	...	...	1
Carcase of Mutton—Decomposition	...	...	...	1
Sheeps Heads—Cœnurus Cerebralis	...	...	...	3
Corned Beef (6 lbs. tins)—Decomposition	...	...	...	26
Parcels of Meat—Miscellaneous	...	...	...	40
Parcels of Food—Condiments	...	...	...	21
Fish (boxes)—Decomposition	...	...	...	33

All unsound food surrendered is carefully weighed at the Depot. The total weight surrendered during the year was 7 tons 18 cwts. 13 lbs.

COWSHEDS, DAIRIES AND MILKSHOPS.

There are eleven Registered Cowkeepers on the Register and 23 Registered Cowsheds in use.

Registered Milkshops on the Register	...	24
Wholesale Traders	... ..	3
Grade A	... ..	2

79 visits were made to the cowsheds and 104 visits to the Milkshops. 5 notices were served to cleanse.

REGISTERED COMMON LODGING HOUSES.

There are 11 Common Lodging Houses on the Register, six are situated on the Brook, two in Fair Row, two in Whittaker Square and one in Queen Street, the latter being used by women only. Owing to a complaint the whole of the bedding in this lodging-house was put through the steam disinfector and disinfected, a charge being made on the owner for disinfecting. 63 visits were made to these premises during the year, two notices served to cleanse and five for repairs.

HOUSES LET IN LODGINGS.

44 Houses Let in Lodgings are on the Register, one being added during the year. 122 visits were made, four notices served to cleanse and eleven for repairs.

FISH OFFAL COLLECTION.

Fish Offal continues to be collected daily from ten shops and five stalls, the number of tins taken varies according to the season. The offal after collection is taken to Snodhurst Farm and there used for manural purposes.

OFFENSIVE TRADES.

The number of Offensive Trades in the Borough is 19 Fish Fryers, 4 Marine Store Dealers, 1 Gut Scraper and 2 Knacker Yards. In addition to the two latter, one Knacker Yard is in use for the slaughter of horses for the Continental trade. 106 visits were made to the Offensive Trades and four notices served to cleanse.

BAKEHOUSES.

There are 16 Bakehouses and of these five are factory and two underground. Frequent visits have been made to these places. It was only found necessary to serve one Notice to limewash during the year.

INFECTIOUS DISEASES.

The Motor Ambulance in use for the removal of cases has removed 97 cases to Hospital during the year. There were 46 cases of Diphtheria, 48 cases of Scarlet Fever, 2 Enteric Fever and 1 Paratyphoid Fever. The Ambulance facilitates the removal and reduces the cost. 155 loads of bedding were disinfected. The Ambulance recorded 2,056 miles, the cost of petrol and minor repairs was 2½d. per mile.

34 books were taken from infected premises and disinfected. No outwork was found in any of these premises. 12 notices were served to cleanse and 13 for repairs.

MORTUARY.

16 Bodies were removed to the Mortuary, six men, six women and four children. There were eight post mortem examinations. Three bodies were buried at the expense of the Parish.

CONTAGIOUS DISEASES OF ANIMALS ACTS.

During the year eight cases of suspected Swine Fever were reported, but neither of them were confirmed by the Board of Agriculture and Fisheries.

Notices served :—

Form A.	Article 2 and 19	...	...	8
Form B.	„ 4 and 19	...	...	8
Form C.	„ 1 Withdrawal Notices			8

CATTLE TUBERCULOSIS ORDER, 1925

This Order came into operation on the 1st of September. The Order requires that every person having in his possession or under his charge.

- (i) Any cow which is, or appears to be, suffering from Tuberculosis of the udder, indurated udder or other chronic diseases of the udder ; or
- (ii) Any bovine animal which is, or appears to be, suffering from Tuberculous Emaciation ; or
- (iii) Any bovine animal which is suffering from a chronic cough and showing definite signs of Tuberculosis ; shall notify the Police or an Inspector of the Local Authority.

Only one case has been reported in the Borough, a red cow, and was valued by your Veterinary Inspector at 40/-. At the Post Mortem examination the animal was found to be Tubercular and emaciated and unfit for human food. The payment to the owner under the Order is one fourth the market value or 45/- whichever is the most. The Board of Agriculture pay seventy-five per cent. of the charges that occur under the Order, the rest falls upon the Local Authority.

NUISANCES ABATED AND OTHER REPAIRS.

Accumulations of Refuse, Manure, etc., removed	15
Bell Traps replaced by gullies	13
Broken W.C. pans removed	22
Brick drains removed	1
Chimneys repaired	9
Chimney pots provided	7
Choked drains cleared	382
Yard paving repaired	44
Ceilings repaired	79
Cesspools deepened or reconstructed	44
New cesspools dug	6
Coppers repaired	41
Cesspool covers provided	18
Cellars paved	2
Closet structures repaired	22
Closets provided or rebuilt	34
Drains repaired	38
Drainage of Old Buildings relaid	46
Doors and Frames repaired	20
Drains ventilated	17
Dust bins provided	3
Door steps repaired	3
Flushing cisterns provided	11
Flushing cisterns repaired	12
Floors repaired	74
Firegrates repaired	33
Firegrates provided	10
Flues repaired	8
Fences repaired	2
Houses with Privies converted to water carriage system	28
Inspection Covers provided	11
Inspection Pits provided	17
Keeping animals in unfit state	8
Locks to doors repaired	3
Locks and fasteners provided	3
Sink waste pipes provided	6
New sinks provided	11
Overcrowding abated	3
Privies repaired	19
Roofs repaired	138
Stables drained	1
Sash cords repaired	76

Stair Treads repaired	...	...	...	13
Sash fasteners repaired	...	...	...	10
Wash-houses repaired	...	...	...	15
Window frames and sashes repaired	...	...	...	63
Walls repaired	...	...	...	107
W.C.'s limewashed	...	...	...	4
Miscellaneous	...	...	...	104
Gutters and downpipes repaired	...	...	...	35
Gutters cleared	...	...	...	15
Interiors cleansed	...	...	...	115
Windows reglazed	...	...	...	8
Sculleries limewashed	...	...	...	10
Sink wastes repaired	...	...	...	3
W.C. seats repaired	...	...	...	6
Domes of cesspools repaired	...	...	...	27
New coppers provided	...	...	...	1

NOTICES SERVED DURING THE YEAR 1925

Preliminary Notices	...	...	...	440
P.H.A. 1875, Section 91	...	...	...	60
H. & T.P.A. Section 28 and Housing Act, 1925, Section 3	...	...	...	13
Letters written	...	...	...	873

VISITS MADE DURING THE YEAR.

Restaurants	...	...	...	66
Complaints	...	...	...	837
Drainage and subsequent visits	...	...	...	1321
Repairs and subsequent visits	...	...	...	1149
H. & T.P. Act and subsequent visits	...	...	...	351
Miscellaneous	...	...	...	370
Slaughterhouses	...	...	...	2185
Houses let in Lodgings	...	...	...	122
Common Lodging Houses	...	...	...	63
Fish Fryers	...	...	...	73
Marine Store Dealers	...	...	...	12
Knacker Yards	...	...	...	15
Gut Factory	...	...	...	6
Cowsheds	...	...	...	79
Milkshops	...	...	...	104
Workshops	...	...	...	120
Outworkers	...	...	...	522
Bakehouses	...	...	...	84
Ice Cream Vendors	...	...	...	162
Public Conveniences	...	...	...	45
Contagious Diseases of Animals Acts	...	...	...	61

Market	...	...	...	...	63
Stables	...	...	...	...	95
Courts and Alleys	...	...	...	...	322
Piggeries	...	...	...	...	16
Infectious Diseases	...	...	...	...	140
Tuberculosis	...	...	...	...	47
Overcrowding	...	...	...	...	17
Bedding disinfected	...	...	...	...	311
Cold Stores	...	...	...	...	60
Food Shops	...	...	...	...	533
Drain Testing and subsequent visits	...	...	...	...	1251
Cesspools	...	...	...	...	187
Caravans, Gipsy Encampment	...	...	...	...	125

PROSECUTIONS.

There was one prosecution during the year, two informations were laid against a Cowkeeper for (a) keeping cows in an unregistered shed and (b) for stalling more cows in a registered cowshed than the shed was registered for. A conviction was obtained on one information, the other was dismissed.

W. HUGHES,

Senior Sanitary Inspector.

Chatham

28th. January, 1926.

SMOKE ABATEMENT.

There is no nuisance from smoke, owing to the absence of large factories. Outside the Borough on the Northern Bank of the Medway there are Cement factories, but the smoke is largely diffused and diluted before reaching Chatham.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE LAWS OR REGULATIONS.

The number and character of such premises and occupations are set out in the Sanitary Inspectors Statement.

They are all subjected to regular and frequent inspection.

SCHOOLS.

The schools in the area are of two types—those provided by the Council, and buildings of an older kind under the Control of the Local Education Authority, but representing the educational effort of Religious bodies.

The Council provided schools are of modern design and equipment, well ventilated and lighted with good playground accommodation, and a satisfactory type of sanitary convenience.

The non-provided schools are less satisfactory in all respects, but their presence must be tolerated on account of the heavy expenditure required for the erection of new buildings.

All schools are visited week by week, minor defects are dealt with, and general cleanliness is maintained.

At all schools there is a sufficient supply of water.

The action taken in regard to the prevention of infectious disease in schools is dealt with in the section of the Report concerning Infectious Diseases.

D. HOUSING.

GENERAL HOUSING CONDITIONS IN THE AREA

Before entering on a description of existing housing conditions, it will be well to briefly review the action taken during past years.

Prior to the outbreak of war in 1914, there was considerable progress. Many unfit houses were closed and demolished, others were repaired, renovated and cleansed, and the building of new dwellings was being carried out. In 1913, I made a representation in regard to an Insanitary Area, bordering on the Brook, and a further supplementary Report in January, 1920.

(a) Shortage of Houses.

During the war, work was at a standstill, no houses were built, and very few were repaired. Since the war, including 52 erected by the Council, 299 houses have been completed, equal to a yearly average of 43. Prior to the war the yearly average during 5 years was 75, with a smaller population.

In a return made in 1919, it was computed that in order to meet the demand for houses on account of increase of population, overcrowding, replacement of unfit dwellings, and the rehousing of displaced tenants, and making allowance for the erection of houses by persons other than the Local Authority, at least 300 houses were required.

It was also estimated that there were about 90 houses, which were not, and could not be made fit for habitation, and that there were some 150 which were seriously defective, but could be made habitable.

The Housing Question in regard to the smaller and cheaper class of property remains in its essentials unchanged. The present conditions are for many occupiers of a serious and exasperating character, and are manifested in overcrowding, in the joint occupation of dwellings only suitable for one family, by the use of one or two furnished rooms by young couples, and by the difficulty of securing repairs. The latter is emphasised by the fact that in some instances it is impossible to carry out adequate repairs without temporary vacation of the dwelling.

At the present time there is a considerable and general shortage of houses.

(b) Measures taken or contemplated to meet the Shortage.

The Council have acquired $14\frac{1}{2}$ acres of land on high ground to the South of the town, and within easy access. In 1921—52 houses were erected, and it has now been decided to proceed forthwith with 180 more houses on this site.

Increase of Subsidy.

In order to stimulate building enterprise, the Council decided to increase the amount of the subsidy by 25 per cent. The result is shown in the increased number of plans submitted for approval.

In order to meet the requirements of tenants who can only pay a small rent, and need limited accommodation, 10 per cent. will be of the non-parlour type with two bedrooms, whilst the others will be an equal proportion of parlour and non-parlour houses each with three bedrooms. In addition to these, 23 houses are in course of erection on a small site in Holcombe Road. These latter houses are intended for the tenants of houses in Willmott St., and Ruby's Court, who will be displaced for the Pumping Station of the Main Drainage Scheme.

During the past five years there have been no important changes in the population, but there are signs of increasing local prosperity, of new business undertakings, of a large amount of work in connection with Sewerage works, and a transfer of some 400 men—many with families, is taking place from Rosyth to Chatham.

II. OVERCROWDING.

The usual standard for estimating overcrowding is more than two in a room. But a good deal depends on the size of the room, and the efficiency or otherwise of ventilation. There is much vagueness about the term overcrowding, and figures may be misleading. To say, that there are so many thousand people living in one-roomed houses, or that there are so many per room conveys no real impression of what overcrowding means.

What is overcrowding? It represents such an aggregation of persons as favours the spread of disease. Cerebro-Spinal Meningitis is a good example. The mere provision of increased space, and better ventilation at once acts as a check. Overcrowding is of two kinds—there is the overcrowding of dwellings on a given area of land, and there is the overcrowding of the dwellings themselves.

A factor in the housing question which has assumed an undesirable prominence of late years is that of sub-letting a portion of a house. This is carried on to a large extent, generally there is one additional family, but in others there are three families occu-

pying dwellings consisting of five rooms and a scullery, and only provided with conveniences for one family. This is unfair to the owner, as additional wear and tear ensues, it is productive of dirt, and it is prejudicial to health.

In December last, I caused a census to be taken of 7 streets in various parts of the Borough, all containing small houses. Out of a total of 480 houses in these streets, 92 or just under 20 per cent. contained more than one family. In one street containing 68 houses, and a total population of 506—there were 29 houses with two or more families.

Again—in 38 houses where Diphtheria occurred, and scattered over the district there were nine houses or 24 per cent. with more than one family.

In 44 houses where Scarlet Fever occurred—there were 7 or 16 per cent. with more than one family.

The average number of bedrooms in these houses was 3, and a feature of the population was the preponderance of adults over children under 14 years, the explanation being that many occupiers take in male lodgers.

The causes of overcrowding are of a complex character, but there are two mainly operating, viz:—bad economic conditions and shortage of houses.

Both these causes are prominent in Chatham—there being a considerable section of the population whose normal earning capacity is low, many who are unemployed, and there is also a lack of houses.

The only effective measures against overcrowding are concerned with the provision of further housing accommodation. The evil cannot be effectually dealt with in any other manner.

During 1925, there were 17 Official complaints of overcrowding, but a much larger number came to light in the course of other investigations.

In three instances the overcrowding was reduced by removal of some of the occupants, whilst in other cases a re-arrangement of the occupation of sleeping rooms mitigated the conditions.

III. FITNESS OF HOUSES.

Houses are of all kinds, and the majority are suitable in character, and in good repair, but in the older parts of the town there is a large number of old, dilapidated and insanitary dwellings situated in narrow, close, and badly arranged streets. The majority of these are in the vicinity of the Brook, in the area lying between Clover Street, New Road, Church Street and High Street, Courts and Alleys abutting on the High Street, on the Mount, and in the vicinity of Cage Lane, and portions of the Ordnance Place district.

There are very few houses in these localities that are free from defect. Time and neglect for several years have made some of them so bad that adequate repair would cost more than they are worth. Defects of structure are common, leaky roofs, defective gutters and pipes, broken paving, defective brick and woodwork, broken plaster, cracked or broken ceilings, defective panes and sashes, no sinks, insufficient water supply, foul privies, bad light and ventilation—no place for keeping food. Want of care and cleanliness on the part of many tenants is prevalent, and the fewer and smaller the rooms the worse are the evils.

There are still many houses with Common yards, and situated in Courts and Alleys, where the water supply is from a standpipe in the yard, or a tap in a wash-house. Several houses have no sinks, and no facilities for them, there are large numbers of outdoor closets with pans, but without flushing cisterns, there are open privies, and insufficient and unsuitable arrangements for refuse.

These are gradually being remedied.

IV. UNHEALTHY AREAS.

No action has been taken during 1925.

As to how far defects are due to lack of proper management and supervision by owners, or to acts of waste and neglect by tenants. I think there are faults on both sides.

Much of the small property is in the hands of agents, and the collector gets no further than the door. I have often asked tenants if the defects of which they complain have been brought to the notice of the owner or agent, and if he has been indoors to see for himself, and the answer is invariably that he has been told, and has not seen.

In this respect a large number of owners are to blame, and in the end would save themselves considerable expense by repairing defects whilst they are slight. As a matter of fact with few exceptions no action is taken until the receipt of a notice from the Local Authority.

As regards tenants—there are many whose habits are such that they foul and damage everything with which they come in contact. They have no regard for cleanliness, order or method, and do not attempt to clean either their houses, their bedding and clothing or their persons. Naturally owners are not willing to do anything for this class of person.

I am persuaded that owners as a class would pay more attention to their property, if the habits and customs of dirty tenants could be improved.

ACTION AS REGARDS UNFIT HOUSES.

From complaints received from tenants, and acting on instructions given in the Health Department, Inspectors are constantly reporting housing defects. Generally speaking—all defects of a Minor character are dealt with under Section 91 of the Public Health Act, 1875, those of a more glaring and serious character under the provisions of the Housing Acts. No case is reported under these Acts without a visit and inspection by the Medical Officer of Health. The Section chiefly used is now Section 3, Housing Act, 1925. Sections 11, 14, 15, are in abeyance pending the provision of accommodation.

The great difficulty met with in remedying unfitness is that of expense. The cost of work is very large, and as a rule only what is really essential is asked for, and stated in the Specification. In some cases arrangements are made for gradually carrying out repairs.

Nothing has been done of late years in regard to back to back houses, except Minor repairs and cleansing. There are several of these in the town and the only satisfactory method of dealing with them is conversion into thorough dwellings.

In 1921, a communication was received from the District Property Owners Association, complaining that owners were called upon to repair certain defects caused by the neglect and uncleanness of the tenants, and also stating that the majority of owners were quite willing to keep their property in a fair and reasonable condition, if only more encouragement was given by the occupiers.

In order to arrive at some understanding between owners and tenants, I made suggestions as to procedure which were approved by your Committee. The following is a copy, and it is now customary to give a notice to occupiers of houses where the owner has completed work under the Housing Acts.

To the Chairman and Members of the Public Health Committee.

INSANITARY PROPERTY

GENTLEMEN,

With a view of securing more satisfactory co-operation between owner and tenant, I beg to suggest the following procedure in cases needing action under the Housing Acts.

1. Notice to Owner.
2. On completion of work a Notice to the occupier as follows :—

“ Notice is hereby given that the owner has had the house numbered.....recently repaired, renovated, and cleansed. It is the *duty* of the occupier to keep the house and premises generally in a clean and sanitary condition.

Any occupier who fails or allows a sub-tenant to neglect his or her rooms so that they get into a dirty state will be prosecuted under the provisions of the Public Health Acts."

.....*Town Clerk.*

.....*M.O.H.*

3. If the tenant neglects his obligations a Notice will be issued before proceedings are taken.
4. A Register of dirty and neglectful tenants will be compiled.
In previous reports I have indicated certain conditions which are essential before a house can be called fit.

They are as follows :—

- (a) Freedom from damp.
- (b) Proper lighting and ventilation.
- (c) Adequate sanitary conveniences, and a sink.
- (d) Good general repair.
- (e) The water supply should be adequate and easy of access.
- (f) There should be suitable washing accommodation.
- (g) Provision for food storage.
- (h) Facilities for preparing and cooking food.

An unclean home is often due to its dilapidated condition, and to the absence of suitable facilities.

Given these conditions it is not unreasonable to expect the co-operation of the occupier. A weak point in house management is the system of rent collecting.

The Collector takes as little trouble as possible and the supervision of the property in many cases begins and ends at the door.

When tenants ask for repairs they are promised, but the promise is rarely fulfilled. Owners should remember that the prompt repair of minor defects is a preventive of future large expense.

The advantages of better supervision will be :—

1. The early discovery and repair of defects.
2. An encouragement to owners to seek the assistance of the Sanitary Authority for unsatisfactory tenants.
3. Tenants of known bad character will find it increasingly difficult to secure houses, and the pressure put on them will tend to make them more careful.

Chatham,
November, 17th, 1921.

Medical Officer of Health.

V. BYE LAWS RELATING TO HOUSES, TO HOUSES LET IN LODGINGS, AND TO TENTS, VANS, SHEDS, Etc.

Bye Laws are in use for each of the above purposes. There is no difficulty in their application, and the provisions are very useful in securing a reasonable degree of cleanliness and freedom from nuisance.

In addition to the Bye Laws for Tents, Vans, etc., Section 167 of the Chatham Corporation Act gives power to prohibit the occupation of land by these structures, within 300 yards of any dwelling house, if such occupation causes nuisance or is injurious to health. This power has been used in one instance during 1925.

VI. GENERAL AND MISCELLANEOUS.

The preceding statement covers the general action and policy of the Local Authority during the year 1925.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of plans submitted and approved	187
" " " completed	
Number of new houses erected during the year	
(a) Total, including numbers given separately under (b)	61.
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority	45
(ii) By other bodies or persons,	none

1. Unfit Dwelling Houses.

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts).	673
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	220
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	none
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	197

2. Remedy of Defects without Service of formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ...	380
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3. Action under Statutory Powers.

A. Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs	13
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By owners	9
(b) By Local Authority in default of owners	0
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners on intention to close	0

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	60
(2) Number of dwelling houses in which defects were remedied after service of formal notice :—	
(a) By owners	54
(b) By Local Authority in default of owners	0

C. Proceedings under sections 11, 14, and 15, of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	0
(2) Number of dwelling houses in respect of which Closing Orders were made	0
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	0
(4) Number of dwelling houses in respect of which Demolition Orders were made	0
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	0

E. INSPECTION AND SUPERVISION OF FOOD.

(a) THE MILK SUPPLY.

The powers for controlling the milk supply are found in The Dairies, Cow Sheds and Milk Shops' Orders, 1885 and 1886.

The Milk and Dairies Amendment Act, 1922.

The Milk (Special Designations) Order 1923.

The Milk and Dairies (Consolidation) Act 1915.
first in operation, September 1st, 1925.

Chatham Corporation Act, Section 107.
Amended Regulations—1924.

In Chatham, there are 11 Registered Cow Keepers with 23 sheds in use, and there are 24 Registered Milk Shops.

The average number of Milch cows in the Borough is 240, and the local production of milk about 700 gals. daily. A large quantity of milk comes into the Borough from neighbouring towns, and from outlying districts, and there is also a considerable importation of milk from South Western Countries.

The bulk of the milk consumed in the district comes from other localities, and its production is therefore not under local control.

Most of this milk comes from large farms, and it is a general rule that large and important undertakings have better supervision and better equipment than the small dealer.

The practical measures of supervision in the Borough consist of:

Frequent and regular visits by Sanitary Inspectors, and occasional and unexpected visits by the M.O.H., also quarterly visits by the Veterinary Officer—who reports specifically in the health, the condition and the cleanliness of the animals.

The Regulations which are in force, are more specific in their requirements than the old ones. Thus the size of windows for lighting, and the openings for ventilation are specifically stated.

Limewashing must be done every 3 months, and the floors and channels must be swept and cleansed with water, and all dung and offensive matter removed not less than twice a day.

As regards the actual milking—the following important provisions must be observed.

(a) The udders must be cleansed and the teats washed or cleansed by means of a clean damp cloth.

(b) The hands of the person milking must be washed immediately before commencing to milk.

(c) The clothing must be thoroughly clean.

(d) The animals must be kept in a reasonably clean and wholesome condition.

(e) The person engaged in milking shall wear a clean white overall extending below the knees.

Not only have copies of the Regulations been forwarded to all concerned, but circular letters and personal advice have been tendered from time to time and a special memorandum on the production of clean milk, the reasons for, and the best methods of securing it, has been drawn up and circulated.

Frequent visitation is very necessary, otherwise little or no attention would be paid by the majority. On the whole there is an improvement, but there is still much to be desired. I believe

the question of adequate labour to be one stumbling block, but besides that there is considerable apathy, and apparently limited intelligence amongst people who in their own and in the public interest should use especial care to see that milk as it leaves their premises should be as clean and wholesome as reasonable care can make it.

No one questions the importance of a clean dairy, and it is odd that in the face of such an established fact, so many people continue to produce milk under filthy conditions.

There are two reasons which partly account for the situation. For instance much of the milk produced is sent direct to some wholesale or retail centre for distribution, and is never handled at a real farm dairy under the careful supervision of a trained dairy worker, and it may be said with certainty that only a small proportion of producers realise the nature of the bacterial infections which make milk dirty, and are able to appreciate the precautions recommended to secure cleanliness.

It is amusing to be told that the cost of production is kept high by the increasing rigour of Public Health Regulations which aim at securing clean and wholesome milk, and the producers thereby intend to convey to the public the idea that they are carrying out these regulations, and are producing clean and wholesome milk. This is precisely what many of them fail to do, and it is only with great difficulty, and under frequent supervision that the average farmer can be got to do anything.

(1) **Action taken as to tuberculous milk and tuberculous cattle.**

The Tuberculosis Order of 1925, came into concurrent operation with the milk and Dairies (Consolidation) Act, 1915 on September 1st, 1925.

The object of the Tuberculosis Order is to secure the destruction of every cow suffering from Tuberculosis of the Udder, and every bovine animal suffering from tuberculous emaciation, or suffering from chronic cough and showing definite clinical signs of tuberculosis.

The Veterinary Officer of the Local Authority has important duties to perform in regard not only to an infected animal, but in regard to all other animals on the premises. There are special precautions with regard to the milk of any suspected cow and it is obligatory on the Veterinary Inspector to serve notice on the owner in respect of these precautions.

Under Section 5 of the Milk and Dairies (Consolidation) Act, 1915, the sale of milk from any animal suffering from tuberculosis or other diseases specified in the Schedule to the Act is prohibited.

Under Section 3 (4) of the Act—application to the Ministry for an Order directing the County Council to delegate powers in respect of Sections 3 and 4—power to stop the sale of milk, and ob-

ligation to inspect dairies in certain cases was not granted, on the ground that the subject was being further considered.

The following cases have occurred, one case of a Tuberculous Cow reported by the Veterinary Inspector. The post mortem examination revealed extensive tuberculosis.

Another case where an animal in good condition was purchased by a Chatham butcher from a farmer in an adjoining district.

This animal had evidences of generalised tuberculosis, and the udder was a mass of tubercular infiltration. This cow had been milked for a long period, and the milk mixed with that from other animals sold in the district.

(2) Two licenses for Milk under special designations have been issued, for Grade A. (tubercular-tested) Milk.

Certified milk—for which licenses are granted by the Ministry is sold by one Purveyor.

No pasteurised milk is sold, nor has any apparatus been licensed.

One dealer in Grade A. is in Rochester and one in Gillingham, and the results of bacteriological examinations show the milk to be of the standard laid down by the Ministry.

MEAT. (1) Inspection.

The arrangements for slaughtering are in accordance with the provisions of the Public Health (Meat) Regulations 1924, which came into operation on April 1st, 1925. There are 13 slaughter-houses in the Borough, and for the purpose of supervising slaughtering and inspecting meat, 2581 visits have been made. The majority of the owners have fixed times for slaughtering, but where this is departed from—at least 3 hours notice is received.

Your Senior Inspector attends the Rochester Cattle Market, notes all animals destined for Chatham, and is thus able to pay particular attention to any of a suspicious character.

Butchers realise that it is in their own interest to surrender unsound food, and in the Inspector's Statement a complete list of all unsound food is given.

All meat is denaturalised, and disposed of to a firm of Hide and Fat Merchants at Tunbridge Wells.

(2) The Public Health (Meat) Regulations 1924, became operative April 1st, 1925.

They were advertised in the local press and notices and copies of the Regulations were sent to all persons concerned. Briefly the object of the Regulations is to Control slaughtering, to facilitate inspection, to authorise marking, and to prevent objectionable practices in connection with the storage, handling and distribution of meat.

All shops and stalls dealing in meat were inspected, and particulars recorded of the general condition, of the means of ventilation, state of repair, conditions of storage rooms, walls and ceilings, shelves, receptacles for trimmings and other rubbish, and cleanliness.

Letters have been sent to all purveyors from time to time in regard to important points, and personal interviews arranged with all.

There are 6 stalls in the open market, and 47 shops selling fresh meat.

In regard to the protection of meat from contamination the Regulations state that the occupier shall "Take all such steps as may be reasonably necessary to guard against the contamination of the meat by flies, and shall cause the meat to be so placed as to prevent mud, filth, or other contaminating substance being splashed or blown thereon."

It is clear that the responsibility of protecting the meat falls on the occupier, and although the Regulations do not specify the measures necessary to achieve this object, it is difficult to see how it can be accomplished unless windows are provided, or the meat kept far back in the shop.

Butchers were advised to fix windows to their shops, and to leave at the top a space of not less than 9 inches in depth for ventilation, and to fill in this space with perforated zinc.

With one exception every shop in the Borough is now fitted with windows.

On the whole the Regulations are proving of benefit. When first introduced there was the usual outcry from some traders that they were too drastic, and could not be worked, but experience has shown the contrary. Whatever methods are adopted, it is clearly the duty of the Vendor to supply his customers with a clean and uncontaminated article. Each case must be judged on its merits, and if evidences of contamination are found to occur from neglect of precautions—it will be my duty to advise proceedings against the offenders.

Uniformity of practice is desirable, and there is rather a tendency for the man who has windows to avoid their use, simply because some obstinate trade rival has not got them, or keeps them open.

Another difficulty was to induce traders to exhibit notices requesting customers not to handle the meat. I am unable to understand the objection, but it is a fact that only one trader did this, and finally notices were printed and supplied by the Council.

The shop keeper also thought that the stall holder was more leniently treated, as only the sides and back of the stall were to be screened, and an explanatory Circular 604 tended to confirm this opinion, as it definitely stated that the Regulations did not con-

template that all butcher's shops should have glass fronts, and that the same general standard of freedom from contamination should be aimed at both for shops and stalls ; and it further intimated that if kept near to an open window the general rule should be for meat to be covered with clean muslin. Having made this statement the circular adds that when a brisk trade is being carried on—this precaution may have to be suspended.

The six meat stalls in the Borough are all in the open market, and each occupier is observing the Regulations.

Circular letters with regard to the handling and transport of meat have been sent to all traders, and the methods in use, and the condition of vehicles are the subject of constant attention by the Inspectors.

During the summer months the question of dealing with flies is a difficult one. Every decent trader in his own interest will do his best to check flies. Hitherto the open shop has offered great attractions to flies, as well as to dirt and dust, and I am of opinion that the glass front will mitigate the nuisance and combined with the use of electric fans will reduce it to very small dimensions. Where these fans are not practicable, muslin or other suitable protection will be required.

The public are slow to appreciate the benefit and importance of these changes, but they will gradually realise that clean food is a necessity, and will patronise only such establishments as show by their acceptance of improved methods and by their general appearance that the proprietors are fully alive to the importance of avoiding dust, dirt and flies.

No Regulations can be completely effective unless they have the support of public opinion, and when that is fully gained—then the neglectful purveyor of food will either have to improve his methods or get out of business.

III. There are no Public Slaughter-houses in the District.

Cold Storage of Meat.

There are large Cold Storage premises in the Borough, and in the basement a frozen meat wholesale market.

No articles other than butcher's meat are received.

No Regulations are in force for the Control of Storage.

The Proprietor takes entire responsibility, and no meat once taken from store is re-admitted without his permission.

It is desirable that a Register should be kept of all carcasses admitted and released from store.

PRIVATE SLAUGHTER HOUSES.

			In 1920	In January 1925	In December 1925
Registered	...	...	12	12	12
Licensed	...	...	1	1	1
			<hr/>	<hr/>	<hr/>
Total	...	...	13	13	13

(c) OTHER FOODS.

Considerable attention is devoted to the inspection of foods, and in addition to meat, a large quantity of fish, tinned foods, condensed milk, jams, and condiments have been surrendered. The total quantity of unsound food dealt with during 1925, was approximately eight tons.

Bakehouses are regularly inspected, and only one notice requiring limewashing was served.

The Kitchens of Restaurants are also visited from time to time.

PREMISES USED FOR THE PREPARATION OF POTTED AND PRESERVED FOODS.

Under Section 96, Chatham Corporation Act, premises used for this purpose are registered.

There are five of these establishments, one doing a very extensive business.

They are regularly inspected, and the following general principles of management are issued to each proprietor :—

BOROUGH OF CHATHAM.**PREMISES USED FOR THE PREPARATION AND SALE OF COOKED AND PRESERVED MEAT.****General Principles.**

1. The premises must be absolutely sanitary, well ventilated and clean.
2. Materials used must be of good quality, wholesome and sound, thoroughly cleansed and in good condition.
3. All vessels, utensils, and implements used for preparation or packing scrupulously clean.
Jars, tins and containers effectually sterilised by steam or boiling water.
4. The health and cleanliness of the workers is of the first importance, they should be free from communicable disease, and the person and clothing clean.

To carry out the above :—

- (a) There should be suitable provision for washing the hands, and for keeping coats, hats, etc.
- (b) Drains must be outside and suitably trapped.
- (c) The ventilation must be adequate.
- (d) There must be provision for cleansing utensils, etc.
- (e) Covered metal receptacles for garbage or rubbish.
- (f) The persons employed should wear suitable washable overalls or aprons.

J. HOLROYDE,

Medical Officer of Health.

Section 97 Corporation Act, gives power of entry, and of taking samples by duly authorised officers.

The effect of these provisions has been beneficial in maintaining a satisfactory condition of cleanliness.

No cases of food poisoning have occurred during 1925.

FOOD AND DRUGS ACTS.

Samples are taken by the Superintendent of Police, and forwarded to the County Analyst.

During 1925, the following were dealt with.

Article	No. of Samples
New Milk	71
Butter	8
Margarine	4
Lard	2
Condensed Milk	3
Tea	2
Camphorated Oil	1
Sugar	2
Baking Powder	1
Jam	2
Olive Oil	1
Mustard	1
Coffee and Chicory	1
Tapioca	1
S.R. Flour	1
Scotch Whiskey	4
Irish Whiskey	4
Gin	2
Rum	1
Brandy	1
Imported Apples	3

Two Samples of New Milk were found to contain respectively 7.8 and 8.4 per cent. added water. A fine of £1 was imposed in each case.

No action has been taken under the Public Health (Condensed Milk) Regulations 1923 or Public Health (Dried Milk) Regulations 1923.

F. PREVELANCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

The list of notifiable Infectious Diseases is now a lengthy one, as shown by the following list :—

Scarlet Fever, Diphtheria (including membranous Croup), Typhoid (Enteric and Paratyphoid Fever), Puerperal Fever, Cholera, Erysipelas, Small Pox, Typhus Fever, Relapsing Fever, Continued Fever, Plague, Cerebro Spinal Fever, Acute Poliomyelitis, Pulmonary and other forms of Tuberculosis, Ophthalmia Neonatorum, Malaria, Dysentery, Trench Fever, Acute Primary Pneumonia, Acute Influenzal Pneumonia, Acute Encephalitis, Lethargica, Acute Polio-Encephalitis.

DEATHS FROM NOTIFIABLE DISEASES DURING 1925.

[illegible]

TABLE SHOWING THE NUMBER OF CASES OF NOTIFIABLE INFECTIOUS DISEASES REPORTED
1920—25.

Year	Scarlet Fever	Diphtheria	Enteric Fever	Puerperal Fever	Erysipelas	Malaria	Ophthalmia Neonatorum	Influenzal Pneumonia	Cer. bro- Spinal Fever	Acute Polio- myelitis	Encephalitis Lethargica and Polio- Encephalitis	Dysentery
1920	110	261	11	3	8	5	12	11	—	1	1	3
1921	145	176	6	3	14	1	21	9	1	—	1	—
1922	78	61	2	1	9	1	11	16	—	—	1	—
1923	60	27	6	0	12	0	5	6	—	1	—	—
1924	44	14	17	4	7	1	9	11	—	1	3	—
1925	53	47	4	4	20	2	6	12	—	—	1	—
Totals	490	586	46	15	70	10	64	65	1	3	7	3

The preceding Table shows that with the exception of 1920-21, when Diphtheria was prevalent, there was no very marked or unusual incidence of notifiable disease. In 1924, there was a small outbreak of Enteric Affections, lasting but a few weeks, due to a special source of infection, and free from Mortality.

Fuller details are given under the head of each disease.

Table showing Notifiable Diseases (other than Tuberculosis) during 1925.

Disease	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Small Pox	none	none	none
Scarlet Fever	53	48	1
Diphtheria	47	46	2
Enteric Fever (including Paratyphoid)	4	3	
Puerperal Fever	4	—	1
Pneumonia	12	—	—
Erysipelas	20	—	—
Encephalitis Lethargica	1	—	1
Malaria	1	—	—

The next two Tables show the incidence of diseases at various age groups, and according to locality.

Ages	Scarlet Fever	Diphtheria	Erysipelas	Enteric and Paratyphoid Fever	Ophthalmia Neonatorum	Pneumonia	Pueperal Fever	Malaria	Encephalitis Lethargica	Tuberculosis	
										Pulmonary	Non- Pulmonary
Under 1 year	—	—	—	—	6	—	—	—	—	—	I
1-2 years	1	2	I	—	—	—	—	—	—	—	I
2-3 years	3	I	I	—	—	—	—	—	—	—	—
3-4 years	I	4	—	—	—	—	—	—	—	—	I
4-5 years	6	2	—	—	—	2	—	—	—	—	—
5-10 years	36	17	I	—	—	—	—	—	—	2	5
10-15 years	5	9	I	I Enteric	—	—	—	—	—	I	4
15-20 years	—	3	—	I Enteric I Paratyph'd	—	2	—	—	I	2	3
20-25 years	—	3	—	—	—	I	2	—	—	I4	I
25-35 years	I	3	2	I Paratyph'd	—	2	I	2	—	20	4
35-45 years	—	I	4	—	—	3	I	—	—	I7	I
45-65 years	—	2	2	—	—	I	—	—	—	II	I
65 years and up	—	—	8	—	—	I	—	—	—	I	—
Totals	53	47	20	2 Enteric 2 Paratyph'd	6	I2	4	2	I	68	22
Removals	48	46	—	2 Enteric	—	—	—	—	—	—	—

INFECTIOUS DISEASES, 1925. WARDS.

Ward	Scarlet Fever	Diphtheria	Erysipelas	Enteric and Paratyphoid Fever	Ophthalmia Neonatorum	Pneumonia	Puerperal Fever	Malaria	Encephalitis Lethargica	Tuberculosis	
										Pulmonary	Non- Pulmonary
St. Mary's	2	11	—	1 Enteric	—	1	1	2	1	18	3
St. John's	7	8	6	—	1	2	—	—	—	6	6
St. Michael's	14	13	6	1 Enteric 1 Paratyph'd	3	—	—	—	—	13	1
St. Paul's	7	1	5	—	—	6	2	—	—	11	5
Luton	15	8	1	1 Paratyph'd	1	3	1	—	—	9	5
Christ Church	8	6	2	—	1	—	—	—	—	11	2
Totals	53	47	20	2 Enteric 2 Paratyph'd	6 —	12	4	2	1	68	22

HOSPITAL PROVISION OF INFECTIOUS DISEASES.

1. St. Williams Hospital, Rochester for Scarlet Fever, Diphtheria and Enteric Fever. 80 beds.
2. Small Pox Hospital, 24 beds.

These Hospitals are used by Rochester and Chatham, under the control of a Joint Hospital Board.

Arrangements have now been completed for the reception of patients from Gillingham on agreed terms. Should there be any extensive prevalence of one or other of the diseases provided for, the resources will not be adequate, and the question of more beds should receive early consideration.

LABORATORY WORK.

All Bacteriological and Pathological Specimens are sent to the County Laboratory at Maidstone. The examinations are carried out expeditiously, and no case of delay has occurred.

There is also a Laboratory at St. Bartholomew's Hospital. A few practitioners use it, but the bulk of the work is concerned with patients attending the Hospital. Most of the work is pathological.

The following examinations were made at the County Laboratory during 1925 :—

	Positive	Negative	Total
Diphtheria	13	44	57
Typhoid and Paratyphoid Fever	3	8	11
Pulmonary Tuberculosis ...	43	95	138
Ringworm of Scalp	18	5	23
Totals	77	152	229

DIPHTHERIA ANTITOXIN.

This is provided free of cost and can be obtained either at the Town Hall or at the Chief Fire Station at any hour.

Syringes are also available, and may be had on loan.

This valuable remedy should be used more constantly than is the case. It's prompt use at the earliest possible moment in all cases of suspected Diphtheria is of the greatest value in relieving symptoms, and preventing mortality.

It is always administered on arrival at Hospital, but it would be still better if given before then.

During 1925—20 packets of 8,000 units were issued.

TESTING AND IMMUNISATION FOR SCARLET FEVER AND DIPHTHERIA.

Tests known as the Dick test for Scarlet Fever, and the Schick test for Diphtheria have been discovered, and it has been shown that it is possible by the use of these tests to discover individuals who are susceptible to these diseases, and such as are immune to

infection, and it is also possible to protect those who are susceptible by active immunisation—that is by injecting a prophylactic serum. In a few large centres of population, and in some institutions work on these lines has been carried out, and its reliability demonstrated.

At the present time tests, which seem likely to be successful are being made with a mixed Scarlet Fever and Diphtheria Antitoxin.

It is probable that in the future these newer methods of prevention will be in more common use. For this purpose a large unit of population would be required, and the services of a skilled and competent medical officer.

The procedure is on the lines of Vaccination against Small Pox, and no doubt similar objections would arise, and only a portion of the children would receive injections.

If and when the methods are simplified, and capable of wide application, there should be considerable saving in the Hospital and other charges associated with Scarlet Fever and Diphtheria.

VACCINATION.

No vaccinations of any kind have been made by the Medical Officer of Health under the Public Health (Small Pox) Regulations 1917.

The Vaccination Officer of the Medway Area has supplied the following particulars of Vaccination during 1925.

Births	...	...	1090
Vaccinated	...	...	690
Declarations for exemption	...	...	397

DISINFECTION AND CLEANSING.

All Clothing and bedding is removed to the Steam Disinfector.

A solution of Perchloride of Mercury is supplied for the disinfection of Enteric Fever excreta.

Izal is supplied for receiving the sputum of Tuberculous patients.

Disinfectants are supplied to the Public in Suitable cases, but the indiscriminate practice of pouring them down drains is not encouraged.

Since 1921, the fumigation of rooms after Scarlet Fever and Diphtheria has been discontinued.

No useful purpose was served, and it is much more important to thoroughly cleanse rooms, and permeate them with currents of fresh air.

CLEANSING OF PERSONS.

Arrangements for the use of the Cleansing Station at the Medway Institution are in force.

SCARLET FEVER.

- 53 Cases were notified.
- 48 Households were affected.
- 48 Cases were treated in Hospital.
- 1 Death occurred.

Three cases sent into Hospital were not Scarlet Fever.

Scarlet Fever compared with 30 or 40 years ago is an ailment of a trivial character, but a common cause of illness amongst children. Its prevalence has not been effectually checked by Hospital isolation, and the chief advantages of Hospital treatment lie in the better nursing and management of the cases.

PARTICULARS OF SCARLET FEVER, 1916 to 1925.

Year	Total Cases Notified	No. Under 5 Years	Deaths Registered	Treated in Hospital	Attack Rate per 1000 Population	Mortality per 1000	Percentage Removed to Hospital
1916	88	13	2	70	2.	.004	79
1917	52	8	—	43	1.2	—	83
1918	93	7	2	81	2.1	.004	87
1919	56	7	1	49	1.2	.002	88
1920	110	16	1	87	1.8	.002	80
1921	145	19	2	118	3.4	.004	81
1922	78	8	—	72	1.8	—	91
1923	60	9	1	58	1.3	.002	96
1924	44	12	—	32	1.0	—	70
1925	53	10	1	48	1.2	.002	90

DIPHTHERIA.

Cases notified	...	...	...	47
Households affected	...	...	...	39
Removed to Hospital	...	...	...	46
Deaths	...	...	...	2

Age incidence.

under 5 years	...	...	...	9
5 to 15 years	...	...	...	28
15 years upwards	...	...	...	10

The actual number of cases was 36, because no less than 11 who were sent into Hospital proved not to be Diphtheria. This

represents 23 per cent. of the notifications. As the majority of the cases were ill for 3 or more days before a doctor was called in—no harm would result from a little further retention at home, combined with the prompt administration of Antitoxin, pending the result of bacteriological examination, the result of which is obtainable in a few hours.

It may be added in this connection, that in cases of doubt, the assistance of the Health Department is available.

Table showing cases notified, and deaths from Diphtheria, 1916-25.

Year	Cases reported	Deaths	Death Rate per cent. of those attacked
1916	76	3	4
1917	34	2	6
1918	31	1	3
1919	27	2	7
1920	261	13	5
1921	176	16	9
1922	61	6	10
1923	27	none	—
1924	14	none	—
1925	47	2	4

The experience of past years suggests that Diphtheria tends to assume epidemic prevalence after a series of years of low incidence, and it is probable that in the early future there will be an increase.

I have been unable to trace any marked association with overcrowding, but the numbers are too few to warrant a definite conclusion.

This disease is spread chiefly from case to case, or by carriers who have no symptoms, and it may be caused by infected milk.

Many of the carrier cases appear to be harmless, or only slightly infective. They become so principally in cases where there is coughing or sneezing, which disseminates the germs. The operation of removal of the tonsils now extensively carried out will prove a factor in the future diminution and severity of the disease.

It may here be noted that since 1921, the fumigation of rooms after Scarlet Fever and Diphtheria has not been carried out, as it did not seem to me to be of the slightest use, and took the place of satisfactory scrubbing and cleaning.

ENTERIC AFFECTIONS.

Typhoid and Paratyphoid.

There were only 4 cases, 3 of which were treated in Hospital. There were no deaths.

In 1924, a small and limited outbreak occurred, the source of which was discovered, and removed, leading to the rapid cessation of the disease.

There were no other cases of notifiable infectious disease calling for special comment.

NON NOTIFIABLE INFECTIOUS DISEASES.

Measles and Whooping Cough are the principal and most serious.

MEASLES.

No serious outbreak has occurred since 1919 and 1920. In 1921, 22, 23—the total deaths were 6.

In 1924, there were 18 deaths, and in 1925, one death.

There are signs that this immunity is at an end, and that an outbreak is imminent.

Information as to the cases is received weekly from all schools, and your Health Visitors make inquiries, give advice especially when no doctor is in attendance, and in some cases give practical help.

Measles is really a very serious disease, but the public do not realise this. I am certain that much of the fatality is due to want of medical advice, and to bad nursing and management. It is apt to leave weakness and other defects behind it, and the younger the child—the more likely it is to prove fatal.

WHOOPIING COUGH.

One of the most uncontrollable diseases, not easily recognised until the distinctive whoop appears, and prolonged in character, it is attended with much debility, and is often the precursor of Pulmonary Tuberculosis.

Action on similar lines to Measles is advisable.

Other Minor Infections which have been prevalent in 1925, are Mumps and Chicken Pox.

INFLUENZA.

The number of deaths directly attributed to Influenza was 12. The figures for preceding years were :

1921	...	...	...	5
1922	...	...	...	20
1923	...	...	...	7
1924	...	...	...	13

The mortality is generally due to Respiratory complications, and the disease tends to assume a wide spread epidemic character at varying intervals.

No special inquiry or action has been required.

TUBERCULOSIS.

Table showing New Cases and Mortality in 1925.

Age Periods	New Cases				Deaths			
	Pulmonary.		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	1	—	—	2	1
1 to 5 years	—	—	—	2	—	—	1	1
5 to 10 years	2	—	4	1	—	—	—	—
10 to 15 years	1	—	3	1	2	1	—	—
15 to 20 years	1	1	2	1	2	—	1	—
20 to 25 years	7	7	—	1	2	4	—	—
25 to 35 years	12	8	2	2	5	5	—	—
35 to 45 years	6	11	1	—	11	8	—	2
45 to 55 years	5	3	—	—	—	—	1	—
55 to 65 years	2	1	1	—	—	—	1	—
65 years up.	1	—	—	—	1	—	—	—
Totals	37	31	13	9	23	18	6	4

Out of the total number of deaths due to Pulmonary Tuberculosis—5 were of cases which had not been notified. The ratio of non-notified deaths to total deaths from Pulmonary Tuberculosis is 12 per cent. as compared with 27 per cent. in 1924.

Notifications of Tuberculosis, 1925.**Pulmonary**

Total Notifications	...	...	68
By Private Practitioners	...	...	37
Hospitals	...	...	10
Poor Law Institutions	...	...	10
Tuberculosis Dispensary	...	...	11
SEX—Males	37	Females	31

There is still delay in the notification of many cases. For instance.

Receipt of Notification				Date of Death	
February	14th,	1925		February	20th, 1925
March	6th,	"	...	April	13th, "
April	17th,	"	...	April	20th, "
May	4th,	"	...	May	28th, "
May	30th,	"	...	June	1st, "
June	23rd,	"	...	June	25th, "
July	20th,	"	...	July	24th, "
October	25th,	"	...	October	28th, "
October	31st,	"	...	November	12th, "
November	4th,	"	...	November	28th, "
November	22nd	"	...	November	27th, "
November	24th	"	...	December	31st, "

Each one of these cases was therefore in an advanced and incurable condition before it was notified.

In order to get knowledge of some of the missed cases—an arrangement is in force by which the Tuberculosis Officer, one month after the receipt of the monthly returns of cases in his possession, sends to the Medical Officer of Health, the names and addresses of persons suffering from Pulmonary, Glandular and Surgical Tuberculosis of which he has knowledge, but which have not previously been notified.

NON-PULMONARY TUBERCULOSIS.

Notified by :—

Private Practitioners	...	...	5
Hospitals	...	...	6
Poor Law ...	...	...	3
Tuberculosis Dispensary	...	...	8
			—
			22
			—

SEX—

Males	...	...	...	13
Females...	...	...	...	9
				—
				22
				—

CLASSIFICATION—

Glandular	...	...	...	8
Meninges	...	...	...	2
Bones and Joints...	...	...	...	11
Peritoneum, etc.	...	...	...	2

TUBERCULOSIS DISPENSARY.

The Tuberculosis Officer of the District, Dr. Roper, has kindly supplied particulars of patients attending the Dispensary from Chatham during 1925 :—

Number of New Patients	...	...	157
Total attendances of Old and New Patients	1454		
Number sent to Institutions	...	...	34

DIAGNOSIS—New Patients.

Pulmonary Tuberculosis	...	...	44
Surgical Tuberculosis	...	...	17
Bronchitis	...	...	3
Other Diseases	...	...	8
Apparently Healthy	...	...	77
Under Observation	...	...	8
			<hr/> 157

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

The object of these Regulations is to prevent the handling of Milk by persons suffering from Tuberculosis, under circumstances where there is danger of infecting the milk.

Usually—persuasion is effective, but should this fail—then a Local Authority has powers to require a person suffering from Infective Tuberculosis to discontinue his employment. Needless to say all reasonable steps will first be taken to obtain satisfactory medical and bacteriological evidence of the patients condition.

During 1925—no person engaged in the milk trade has been found to be suffering from Tuberculosis, and action under these Regulations has not been required.

A circular letter was forwarded to all milk Purveyors, drawing their attention to the Regulations.

PUBLIC HEALTH ACT, 1925, SECTION 62.

This Section gives Local Authorities the power of compulsory removal to Hospital, of persons suffering from Pulmonary Tuberculosis who are infectious.

The Council possesses similar powers in the Corporation Act 1923 (Section).

No action has been taken during 1925, and its need should seldom arise. The fact that the power exists, makes the use of persuasion more effective, and in cases of advanced disease and unsuitable surroundings it is not difficult to get patients into

institutions more suitable for their condition. In a few instances in past years this has been effected by transference to the Tuberculosis Wards in the Medway Institution.

Tuberculosis is an infectious disease, which can be prevented, and if dealt with at an early stage can be arrested or cured.

The most common method of spread is from person to person, by the action of coughing or spitting. It may also arise from Milk infected by Tubercle Bacilli, or more rarely by eating Tuberculous meat.

Indoor lives, in ill-ventilated close atmospheres, want of sunlight and outdoor exercise together with insufficiency of food favour its onset and spread.

Thus the remedies preventive and curative lie in counteracting these conditions. It is little to the point that we know there is a Tubercle Bacillus—which is the active agent. This is knowledge, but the only use of knowledge is to apply it practically and beneficially.

Sanatoria, settlements and Colonies do much to relieve, and are valuable teaching centres, but it is surprising how many people who have passed through a period of Sanatorium treatment fail to apply the principles of management practised therein, in their daily lives.

The elimination of Tuberculosis will be a slow process.

Better housing conditions, the opening up and destruction of slum areas, good wages—wisely spent on nourishing foods instead of on alcohol, a more thorough examination of contacts for the discovery of early symptoms, and of early treatment, the elimination of Tuberculosis from Cattle and Milk, the isolation of the advanced cases, and last but not least, knowledge and practice by individuals of the principles of hygiene are the methods on which reliance must be placed, and the results will be the measure of their efficiency.

VENEREAL DISEASES.

A Clinic is held at St. Bartholomews' Hospital. It is administered by the Kent County Council.

There are 6 sessions weekly, three for men and three for women.

Total Number of cases under treatment or observation at the beginning of 1925.

Males	...	...	...	518
Females...	...	...	...	143
				<hr/>
Total	...	...	...	661
				<hr/>

New Cases during 1925			
Males	...	...	201
Females...	...	...	56
			<hr/>
			257
			<hr/>
Total of cases in 1925	...	...	918

143 cases ceased attendance before finally tested for cure. 30 cases were transferred to other centres, and 135 cases were discharged on completion of treatment.

The total number of attendances was 9741.

The following Table shows cases and attendances, 1921-25.

		New Cases	Attendances
1921	...	320	6103
1922	...	246	6249
1923	...	205	6038
1924	...	277	7908
1925	...	257	9741

The acute controversy of a few years ago has died down, and the so called "conspiracy of silence" is almost re-established.

The Report of the Trevethin Committee was definitely in favour of immediate self disinfection as a prevention of venereal disease, but no action has been taken, beyond the provision of facilities for free treatment. The after effects of these diseases are so serious, that the allegation that advocacy of preventive measures will increase immorality, for which there is no proof, should not outweigh the benefits gained by self disinfection, of which there is ample and conclusive proof.

G. MATERNITY AND CHILD WELFARE.

The scope of this work is Ante Natal, Natal, and Post Natal. It aims at the securing of healthy and normal pregnancy, of skilled care and attention at birth, and of supervision of mothers and children after birth. A worthy object and a wise proceeding, because if we want a healthy race of people, we must have a secure foundation on which to build. Many of the derelicts and cripples we see to-day are the outcome of neglect in childhood, and a system which is endeavouring to check the stream of disease and incapacity at its source merits the sympathy, support and co-operation of the public. It will be attended with greater and more far reaching results than any other phase of public health activity.

Official work includes the Supervision of Midwives, visiting

and inquiries under the Notification of Births Act, the provision of beds in a Maternity Home, and attendance of mothers and children at the Maternity and Child Welfare Centre.

MIDWIVES.

There are 10 Registered Midwives in the Borough, six Certificated and four bona-fide.

In the neighbouring Boroughs there are several others, and the Midwives resident in one town attend cases in the others.

The general supervision of Midwives is carried out by the Kent County Council, under the Acts of 1902 and 1918.

HEALTH VISITORS.

There are three Health Visitors. Two give their whole time to the work, and one gives three fourth's of her time, the other one fourth being devoted to work at the Minor Ailments Clinic for School Children.

Their duties are as follows :—

- (a) Visits under the Notification of Births Act.
- (b) Attendances at the Welfare Centre.
- (c) The keeping of Systematic records of work.
- (d) Visits and occasional help in cases of Measles, Whooping Cough, Ophthalmia Neonatorum and Epidemic Diarrhoea.
- (e) Visits to cases of Puerperal Septicæmia.
- (f) Duties under the Factory Acts where Women are employed.

They are instructed to note and report insanitary conditions, and one supervises the Sanitary Condition of women's Public Conveniences.

They are available for any special work, such as may be required during the prevalence of epidemic disease.

Two are always in attendance at each session of the Welfare Centre.

NOTIFICATION OF BIRTHS ACT, 1907.

The Borough is divided into three districts, one of which is allotted to each Health Visitor.

Cases are visited for the first time at the end of 10 days, where a midwife has been in attendance, and Doctors cases at the end of 14 days.

The average number of visits paid to all infants during the first year of life is 8.

To ailing and delicate infants extra visits are paid.

After the end of the first year, visiting is conducted at less

frequent intervals. The usual interval is 3 months, and the children visited are those whose condition and circumstances are not satisfactory.

Cordial and satisfactory relations exist with practising Midwives. The Health Visitors get into touch with expectant mothers as far as possible, and visit such as attend the Centre.

Births Notified :

By Midwives	...	675
By Doctors	...	137

The total number of Births was 869, of which 820 occurred in Chatham, and 49 outside.

Still Births—There were 42.

Home Visiting.

Total visits paid	...	...	7537
Visits to Children under 1 year	...	...	5759
Primary	...	...	816
Subsequent	...	...	4943
Visits to Children 1-5	...	...	1778
Visits to Expectant Mothers	...	...	101
Visits to cases of Measles	...	...	40
„ „ Ophthalmia Neonatorum	...	...	16
„ „ Puerperal Fever	...	...	9
„ „ Tuberculosis	...	...	72
Doctors Cases not Visited	...	...	40

FEEDING OF INFANTS.

Breast only	...	...	462
Breast and Bottle	...	...	241
Bottle only	...	...	87

Homes and Occupations.

Houses Clean	...	...	824
Houses Fairly Clean	...	...	262
Houses Dirty	...	...	85
No. of Mothers employed	...	...	100
Hawkers	...	...	20
Charwomen	...	...	14
Factory Hands	...	...	25
Domestic Service	...	...	11
Field Workers	...	...	7
Shopkeepers and Assistants	...	...	23

MATERNITY AND CHILD WELFARE CENTRE.

This Centre is open on Tuesdays and Fridays for Consultations and weighings, and on Thursdays for weighing only. Hours 2.30 to 4.30 p.m.

Two Health Visitors attend.

Total New Cases	...	...	355
(a) Under 1 year	...	...	303
(b) 1 to 5 years	...	...	31
(c) Expectant Mothers	...	...	21
Total Attendances	...	...	2267
Average weekly attendances	...	...	45
Percentage of infants brought to			
Centre to ottal births	...	...	35
Infants breast fed only	...	...	163
„ partly breast fed	...	...	76
„ bottle fed only	...	...	64
Number of Cases referred to			
Hospital for treatment	...	...	44
Individuals	...	...	40

Amongst these cases were Hernia 4, Ophthalmia 1, Adenoids 2, Mammary Abscess 1.

EXPECTANT MOTHERS AND ANTE-NATAL WORK.

There is difficulty in securing the attendance of expectant mothers, and most of those who do attend are in need of food assistance.

Ante-Natal work is concerned with the hygiene of pregnancy, the discovery of untoward and unhealthy conditions, the education of mothers in regard to their own health, and the management of the new born infant.

It is the duty of every doctor and every midwife who is engaged for a confinement to ascertain beforehand the condition of the patient, and to discover abnormal conditions, which are ordinarily not found until the onset of labour.

MATERNITY HOME.

The Council has an agreement with the Royal Naval and Marine Maternity Home at Gillingham for the reception of patients from Chatham at a reduced inclusive fee.

This Home offers ideal conditions for Maternity cases. It contains 24 beds, is spacious, airy and well equipped with modern appliances, but its advantages are largely ignored by the public.

There is great reluctance to be confined anywhere but at home, and the worse the surroundings the more difficult it is to induce the expectant mother to leave them.

PUERPERAL MORTALITY.

There was only one death from Puerperal Sepsis, and no deaths from diseases or accidents of pregnancy and parturition.

This is satisfactory as compared with a total of nine deaths registered during the previous year.

Much stress is laid on the want of Ante-Natal supervision as a cause of Puerperal Mortality, and it probably has some effect, but a greater cause is hurried and unskilful midwifery, and inefficient nursing whilst in bed.

UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN.

27 illegitimate births were registered, 3 illegitimate children died.

The only provision for the mothers and children is at the Medway Institution, and the Salvation Army and Dioscesan Society's Rescue Homes. A number of children are under the care of Foster parents, a list of whom is supplied to the Department. They are regularly visited.

MILK (MOTHERS AND CHILDREN) ORDER 1919.

Dried Milk is the only form of food stocked at the Centre.

Its distribution is carried out by the Health Visitors, under the direction and supervision of the Medical Officer.

It is sold at cost price, but in cases where the circumstances are within the income scale defined by the Council, it is allowed free or at half price.

All applications must be made on a Schedule, containing full particulars and signed by both parents.

Regular attendance at the Centre is a condition of supply.

In order to prevent overlapping, a list of names of persons in receipt of assisted milk supply is sent once a month to the Clerk to the Medway Guardians.

The number of persons on the list for 1925 is :—

Free Supply	...	...	...	67
At Reduced rate	...	...	...	37

The total amount of Dried Milk supplied during 1925 was :—

At Cost Price	...	...	9897 lbs.
Reduced Price	...	...	627 lbs.
Free	...	...	1133 lbs.
Total	...	...	11657 lbs.

MISCELLANEOUS.

Arrangements will shortly be in operation in conjunction with the School Medical Service for the Orthopædic treatment of children under the age of 5 years.

The work of the Maternity and Child Welfare Section is co-ordinated with the School Medical Service, under one administrative head, and its records are available for reference when the Child attends school.

There are no Voluntary Societies in this Area, for Child Welfare work.

INCIDENCE OF COMMON DISEASES OF YOUNG CHILDREN AND PARTURIENT WOMEN.

There were 4 Notifications of Puerperal Fever, and 6 of Ophthalmia Neonatorum.

There was only slight prevalence of Measles and Whooping Cough. No Notifications of Anterior Polio-Myelitis, and most noteworthy not a single death from Epidemic Diarrhœa.

OPHTHALMIA NEONATORUM.

OPHTHALMIA NEONATORUM	Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	Notified	Treated					
		At Home	In Hospital				
	6	5	1	6	0	0	None

40 visits were paid by the Health Visitors to these cases, and assistance given in the application of remedies.

Factories, Workshops, Laundries, Workplaces and Homework.

BOROUGH OF CHATHAM.

1.—Inspection.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	53	5	0
Workshops (including Workshop Laundries) ..	149	0	0
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	59	0	0
Total	252	5	0

2.—Defects Found.

Particulars.	No. of Defects.			Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts :—				
Want of cleanliness	0	0	0	0
Want of ventilation	0	0	0	0
Overcrowding	0	0	0	0
Want of Drainage of floors	0	0	0	0
Other Nuisances	0	0	0	0
Sanitary { insufficient	0	0	0	0
Accommodation { unsuitable or defective ..	0	0	0	0
{ not separate for sexes ..	0	0	0	0
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground bakehouse ..	0	0	0	0
Breach of special sanitary requirements for bakehouses	1	1	0	0
Other offences (excluding offences relating to outwork which are included in Past 3 of this Report)	0	0	0	0
Total	1	1	0	0

Homework.

Wearing Apparel— 1) making, &c.							Notices served on Occupiers as to keeping or sending lists	Outwork in Unwhole- some Premises		Outwork in infected premises	
	Sending twice in the year.			Sending once in the year.				Instances	Notices Served	Instances.	Notices Served.
	Lists.	Contractors.	Workmen.	Lists.	Contractors.	Workmen.					
	9	0	630	1	1	1	14	0	0	0	0
Total	9	0	630	1	1	1	14	0	0	0	0

Registered Workshops.

Workshops on the Register at the end of the year.								Number.
Tenement Workshops .. .. .	..	..	..	..	..	..	..	0
Workshop Bakehouses .. .. .	..	..	..	..	..	..	..	11
Domestic Workshops .. .. .	..	..	..	..	..	..	..	51
Laundries (Workshops) .. .. .	..	..	..	..	..	..	..	2
Other Workshops.. .. .	..	..	..	..	..	..	..	112
Total number of Workshops on Register .. .. .	..	..	..	..	..	..	..	176

Other Matters.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts ..	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts :—	
Notified by H.M. Inspector.. .. .	0
Reports (of action taken) sent to H.M. Inspector ..	0
Other	0
Underground Bakehouses :—	
Certificates granted during the year	0
In use at the end of the year	2

